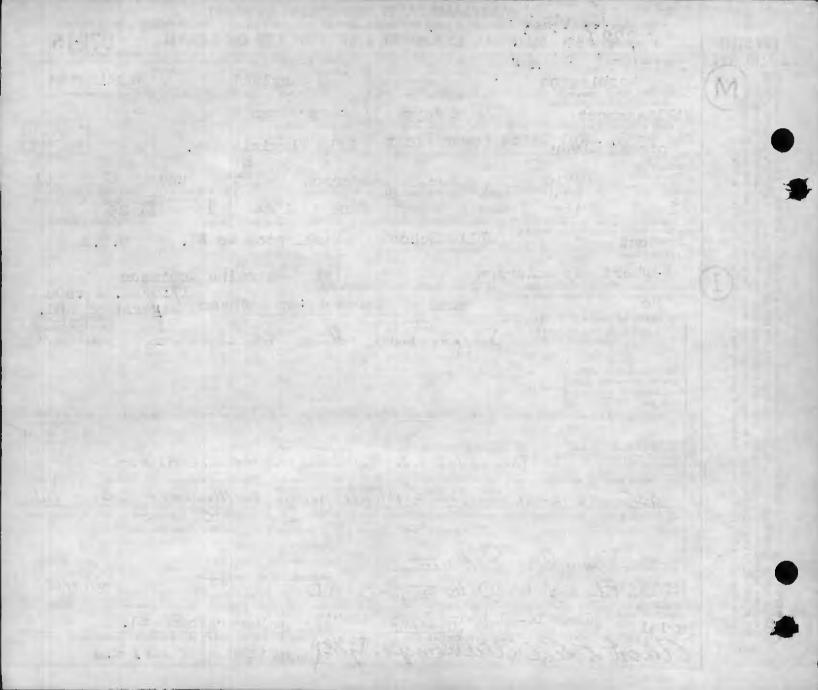
FOR STATE HEALTH DEPT is necessary, I director. Page for your files. DEPUT JEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any, is nece please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07215

1.	PLACE OF DEATH	+			- 11		RESIDEN	CE (Where de	ceesed lived, If i		idence befor	e admission)
		nington		MARYLA	ND	Maryland b. COUNTY Washington						
/	b. CITY OR TOWN (if		ts,	c. LENGTH OF STAY	-	c. CITY O		The second secon	orate limits, write	RURAL and	ive naerest	town)
1 1	Villiamsp			2 days		Hage	ersto	wn		07		
-	d. NAME OF HOSPITA	AL OR INSTITUTION (spital, give streat address)		d. STREET	ADDRESS					RESIDENCE
	Potomac	TITAGI.	th F	ower Plan	t	1718	Virg	ginia		1	YES	N A FARM?
3.	NAME OF DECEASED	First		Middle		Last		4. DATE	Month		Dey)	eer
_	(Type or print)	David		Lee	Ar	derso	n	DEATH	June			9 61
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B.	DATE OF BIRT	IH.	9.	AGE (In years last birthday)	Months Da		DER 24 HRS.
	ale	White	WIDOWI			June 1	1/	44	16 yrs.	11 25	5	
	n. USUAL OCCUPATION one during most of world		.13	CIND OF BUSINESS OR IN						12. CITIZE	EN OF WHA	T COUNTRY?
	Student		Fu	blic Schoo	I	Was	hing	ton Co	Md.	U.	S.A	
13	. FATHER'S NAME					14. MOTHER'	S MAIDEN	NAME				-
1		Leo And					an L	arrain	e Robi	nson		
15 18	. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		VFORMANT			Adidoos	8 Va.	Aven	11A
1	es, no, er unkown) (If		31 1100)	none	He	rbert	:ep	Ander	son Ha	cerst	OMP	Ma
-	18. CAUSE OF DE	ATH Enter only one	cause per	line for (e), (b), and (c).]							INTERVAL	
		WAS CAUSED BY:	5	Recatu	uí	du	e y	40 cb	lew is	1	ONSET AN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffered From Share for chosen Torrest. Torrest. Due to											
	Conditions, if any, which \ (b)											
	gave rise to immedie	to cause									-	
	(a), steting the un	darlying DUE TO										
	cause lest.) (c)										
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?											
3											YES [NO 🖃
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY 197 or CONTRIBUTING 20th. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Part I or Part II of item 18.] Decrease of Death. Decrease of Death.											
3	20c. TIME OF INJUR	Y Month, Dey, Yes	et 20d.	INJURY OCCURRED 20	e. PLAC	CE OF INJURY	(Home, farm	n, ; 20f. (City	or town)	(County	y)	(Stata)
MEDIC	Hour arms G-12-1961 at work at work Petowae Patowae Patowae Williamsport wash. Ald											
	21. I certify tha	at I took charge o		nains described abov							and in my	opinion
	death resulted fr	om; Natural ca	uses	Accident 4.	Suicio	de 🔲. H	lomicide	Und	determined m	anner		
	1	20	0	1 300		CHIEF	MEDICAL	EXAMINER _	l			
	ACTUAL	livas Li	v. D	18/0111		M.D. ASSIS	TANT MED	ICAL EXAMINI	ER 🗌		DATE S	IGNED
	EXAMINER'S E	Lward C	J. [)itto III,	MI	11.1		L EXAMINER			6/14	61
22	. BURIAL, CREMATION		-	22c. NAME OF CEMET	200	CREMATORY		22d. LOCAT	ION (City, town,	, or country)	(:	Stata)
E	REMOVAL (Spacify)	June 16	-61	Cedar Lawn	Me	emoria.		Hager	stown	Md.		
	3. FUNERAL DIRECTOR	00	701	- APPRIES	7	+ 200	24a. REC	O'D BY REGISTE	RAR 246. REG	ISTRAR'S SIG	NATURE	
	Mert	LLeck	W.	elvomsf	102	yme	DATIUN	1 5 '61	Call	hur S. He	ALLA	
-					_	1						



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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6.5	1	"	1	6-
	- 5	-	-	1

	4 19 70 0			CEKTIFIC	LAIL	OF DEAT	П			172	16.	
1	PLACE OF DEATH					USUAL RESIDENCE (Where decease	d lived. If instituti	an: Reside	ence befo	re odmiss	ion)
	o. COUNTY	TO TO BY		MARYLA	ND	O. STATE MARY	LAND	b. COUNTY	WAS	HTNO	TON	F
-	b. CITY OR TOWN (IF ou		write c.	LENGTH OF STAY IN	1b	c. CITY OR TOWN		prote limits, write R	A. A. die de mès		- 40-	
	RURAL and give neares	it town)			0	P)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9		
-	d. NAME OF HOSPITAL		atront and	53 YRS	• -	d. STREET ADDRESS					e. IS RES	IDENICE
	WASHINGTO					_		DV Cm			ON A	FARMA
	WASHINGIO	N COUNTY	nuar	PITAL		226 S. N	ULBER	RY ST.			YES	NO P
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mon	ith	Do	у	Year
	(Type or print)	FREDERICK		ARTHUR	AN	DREWS	DEATH	JUNE		11		1961
S	SEX 6.	COLOR OR RACE 7.	MARRIED	NEVER MARRIED	□ B. D.	ATE OF BIRTH		9. AGE (in years lost birthday)	- Production -	7		ER 24 HRS
	MALE	WHITE W	IDOWED [DIVORCED [19/30/1	TAR	7 Ors.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATION (Give kind of work dan	e 10b. KIN	D OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (St	ate ar foreign c		12.CI	TIZEN OF	WHATC	OUNTRY
	HÖRTCULTT	life, eyen if retired)	F	LORIST		MARYLA	ND			U.S.	Δ	
113	FATHER'S NAME	to to the first age.	-	101(101	14	. MOTHER'S MAIDER				0.0	17.0	
1		ANDREWS					OHNSOI	\T				
1/			n In	alal analialnia I	LE INITED S		OUMPOI					
	. WAS DECEASED EVER IN es, no, or unknown) (If ye	U. S. ARMED FORCES s, give war or deles of service		CIAL SECURITY NO.	17, INFOR	MANI		Add	ress			
-	NO		22	20-26-006	5_M	R. GEORG	E W.	ANDREWS				
	1B. CAUSE OF DEATH	[Enter only one cause	per line f	or (a), (b), and (c).					1111	INTI	ERVAL BE	TWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)								3	de	ROC	
	1592 X	DUE TO		1	1	Λ		4 " 4		,		7
	Conditions, if ony,	which)		/	ala		- 000	welis		11	edi	A
	gave rise to imm	ediote (row	green	menua	right	· · ·				0 -
	lying couse last.	under-	M.	inta x	1	to	Tin			5	30-	61
2		SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO STATE	BUT NO	PELATED TO THE TEL	PMINAL DISEAS	E CONDITION GIS	/FN IN PA	RT 1/01 1	9. WAS	AUTOPSY
NOTE OF	20.	0	10110 <u>CO.</u>	_//	7	0 -4	4	2 00113.11011 011	4.5 4 15 7 4 4		PERFO	RMED?
77	COS	ence V.	20	h Olil	_10		wom				169 [NO ME
CEDTIES	OR CONTRIBUTING	CAUSE OF DEATH	b. DESCRIE	BE HOW INJURY OCC	URKED. (E	nter nature or injury	in Port I or Pai	rt II of Irem 16.)				
1.	· ·	-1										
MEDICAL	20c. TIME OF INJURY	Month, Day, Year	20d, INJU	RY OCCURRED 20	e. PLACE	OF INJURY (Hame, for street, office bldg.	orm, 20f. (City	y or town)		(County)		(State)
AA E	p. m.	19	at work [ot work			i.					
	21. I certify that (I) (this hospital) o	ttended	the deceased fro	om 6	-/	196110_	dod	200	/ th	at (I) (we) lost
	sow the deceased							the course or				
sow the deceased alive an 6 1 1961, and that death occurred 3:25 1 from the causes and an								ia an ii	ne dole		b. DATE	
Ш	1/	7.74/		HO0 -	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.		1 -	17 -	SIGNED
П	22c. PHYSICIAN'S	went 10	eel		M.D.	22d, ADDRESS	DIRECTOR L	FR13.	(0-1	4	4
Н	NAME (Type)	Raban	+ 7	Kand	10		Llan	nor to		-	M.	1
-		10 De y		, VCOA	16.		194	E-17-10	NA.	A	1114	
2	30. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	2	3c. NAME OF CEMETE	RY OR CR	EMATORY		TION (City, town,			(Sta	te)
L	BURTAL	6/13/6	7	ROSE H	TLV	CEM.		AGERSTOV		MI		
2	. FUNERAL DIRECTOR'S S	GNATURE	-/	AUDRESS	1	250. R	EC'D BY REGIS	TRAR 25b, REGI	STRAR'S	SIGNATU	RE	
	11. 1. 11.	Olympin in	11	Yakersi	AIN	ALL DATE	812N: 1 A 76	31 .7		n 1-		

TO CEPITAL PATENDING PHYSICIAN: The law requires that the death certificate be executed with the spiral physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 havrs after death. VR A1S (4) 15M 9/59

TO A STATE OF THE a more a service of the service of which that trade and demine were the to the things A CONTRACTOR OF THE PARTY OF TH

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0721

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
)	Washington MARYLAND	Maryland Washington						
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Hagerstown 3 Days	Hagerstown						
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDRESS a. IS RESIDENCE ON A FARM?						
1	Wash County Hospital	227 So prospect St YES NO						
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer						
	(Type or print) NARGARET ANN ANTHO							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Is birthdey) Months Deys Hours Min.						
	Female White widowed DIVORCED])eo 23 1866 94 yrs.						
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) Housewife Own Home	Cearfoss Wash Co Md. USA						
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Elder Nicholas Martin	Barbara Ann Neibert						
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
	None Miss	Chloe Anthony 227 So Prospect St						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY:	fremontinge lary						
	331X DUE TO							
	Conditions, If any, which \ (b) artoword	lion your						
	gave risa to immadiete ceusa (a), stating the underlying DUE TO	4						
	cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
	TAGE TO THE PART OF THE PART O	YES NO NO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of Injury in Part I or Pert II of item 18.)						
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)						
	p.m. 19 at work et work							
	21. I certify that (I) (this hospital); attended the deceased from							
,	saw the deceased alive on	death occured at A.M. from the causes and on the date stated above.						
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE						
		D. PHYS. DIRECTOR PHYS. [6/3/6/						
	22c. PHYSICIAN'S H. N. WIEEKS	136 N. Petempe HAGERSTOWN, MD.						
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Burial 6/6/61 Dunkard Ceme	tery Broadfording Wash Co Md						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE						
1.	Andrew K. Coffman Hagerstown Md.	DATE JUN 8 '61 Children S. Kraus						

And the second of the second o and all first terms and a supplementary and the state of the supplementary and the suppl · - 4 = 1 | 27 THE STATE OF THE S and do not be a second of the second RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO X

19

IF UNDER 24 HRS.

PERFORMED? NO D

(State)

22b. DATE

SIGNED

ON A FARM?

and the state of t 1920 Miles William TOURS - PROMISE months of the section of the second of the second of the the fitter was adultion as a second the transfer the transfer to generally a wine property with To 11 - years 21 - 18 10 or will

FOR STATE TO CEPUT TEDICAL EXAMINER: This certificate should be executed within 24 hours after dealtway any is necessary, please execute the certificate, writing the word "panding" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pege 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or list designated agent, prior to burial, cremation, or removel, and in any event within 72 yours after death.

> VS. A15ME 5M 7/59

DIR. DITTO

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CEPTIFICATE OF DEATH

						7771
1		ACE OF DEATH COUNTY		2. USUAL RESIDENCE (When	e deceased lived, If institution: R	esidence below a dmission)
1	b.	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND ENGTH OF STAY IN 16	c. CITY OR TOWN AN OUISIGO		give naarest town)
9	A.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street eddress)	d. STREET ADDRESS	RURAL '	IS RESIDENCE ON A FARM?
1	3. N	BOONSBORD MP. R.1	Middle	1300NS130120	MD. 12.1	YES NO Dey Yeer
	DE	Pe or print) ERNEST C	2	BAKER DEA	TH JUNE - 23	
1	5. SE	7. MARKED	THE TER MINISTER	DATE OF BIRTH	9. AGE (In years IF UNDER 1 Months E	YEAR IF UNDER 24 HRS.
1	1De. dona	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	DIVORCED []	YOV 18 - 1901 Y 11. BIRTHPLACE (State or foreign	country) 12, CITI	S
	J.R. 13. F.	DKIVER - STATIE ROAD CO	mmission	14. MOTHER'S MAIDEN NAME	SH. CO. MD. U.	S.A
	15. W	DANIEL BAKIER	AL SECURITY NO. 17. I	NEORMANT A	IERTZ Address	
			4-6248 MR	SIETHEL BAKE	12 BOONS BORG	
	18	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	an (ath	ozela-		ONSET AND DEATH
		4/2.0.1 DUE TO 1710	-X	· latt	60	Rosart
	9	onditions, if eny, which ever rise to immediate cause DULTO	the Ucol	ween y and Jes	ecender lowning	R.
	CI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TENTO TO DEATH HITAGO	for factions	SE CONSISSION CIVEN IN DARK	047
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	JING TO DEATH BOT NO	THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	PERFORMED?
		DO. EXTERNAL CAUSE WAS 206. DESCRIBE HORIZON DESCRIBE HOR	OW INJURY OCCURED. (I	ntar netura of Injury In Part f or Pert	Il of item 18.)	
	MEDICAL			CE OF INJURY (Home, farm, 20f.)	(City or town) (Coun	ty) (State)
	2	1. I certify that I took charge of the remains	described above, he	ld an Autopsy Anspecti	on , Inquiry ,	and in my opinion
	d	eath resulted from: Natural causes	ccident, Suic		Undetermined manner	
-		CTUAL W. M. DC	(the	CHIEF MEDICAL EXAMINER	MINER [DATE SIGNED
	E	KAMINER'S 77 EW 777	-fat	DEPUTY MEDICAL EXAMINI Address (Streat, city, town,	~	7/61
3	R	URIAL, CREMATION, 22b. DATE THEREOF 22c.		CREMATORY 22d. LO	CATION (City, lown, or country)	(State)
1		ONERAL DIRECTOR	ENEVOLA (24s. REC'D BY REG		. CO . MD.
d.		Jahn & Worst BOON	SBORD IV	D DATE JUN 2	9 '61 arthur &	times

The state of the s THE SANT STREET STREET march was 12th years of 21 to 19 the

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		deceased lived. If institution Residence before admission)
1	o. COUNTY Washington MARYLAND G. STATE Maryla	nd b. COUNTY Allegany
ソ	RURAL and give nearest lawn)	de carporate limits, write RURAL and give nearest town)
	Hagerstown Cumberlan	
- 11	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Western Md. State Hosp. d. STREET ADDRESS 113 Blaul	Ave. ; e. is residence on a farm? YES \(\) NO \(\)
	(Type or print) BARNES	DATE Month Day Year OF DEATH 24 196/
e de	5. SEX Female White Widowed Divorced April 8. 1886	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost hirthday) 7 5 yrs Hours Min.
2	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fi	
2	Cook. Restaurant Artemas.	Penna. U. S. A.
2/	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM	
T	George W. Barnes Sarah Jan	e Diehl
<u>ا</u> ا	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wer or dates of service)	Address M C
eve		ld 604 Fairview Ave., Cu
y Y	18 CAUSE OF DEATH [Enter only one cause per une or (a), (b), and (c)]	INTERVAL BETWEEN
5	PART I, DEATH WAS CAUSED BY: NO bular Price mone	ONSET AND DEATH
D C C C C C C C C C C C C C C C C C C C	DUE TO	
Ö	Conditions, if any, which) (b) Carcinoma of Cpr	vix uteri Hour yea
O E O	gave rise to immediate couse (a), stating the under. DUE TO with Metastasis	
ŏ	lying cause last. (c)	
e,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED?
		YES NO
g, cre	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	I ar Part II af item 1B)
ing.	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while at wark at wark at wark	20f (City ar tawn) (Caunty) (Sta
F .	p. m. 19 at wark at wark	1
ă.	21. I certify that (I) (this haspital) attended the deceased from March 24. 19 6	1. to June 24, 196/, that (1) (we) lo
<u> </u>		from the causes and an the date stated above
Ĕ	220 SIGNATURE & Chur M.D. ATTENDING MED. ATTENDING DIRECTOR	TOR STAFF JUNE 24. 1986)
0 1	22c. PHYS CIAN'S DIRECT	TOR STAFF JUNE 24. 19567
600 E		ma Ave. Hagerstown, M.
Sta D	PENOVAL (Specify)	LOCATION (City, tawn, or county) (State)
÷ ÷		Artemas, Penna.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY	. 0 20
	H. Wayne George Cumberland, Md. DATE HIN	27 161 Circling S. France



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar removal, and in ony event, within 72 haurs after death. fter death Poge 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

VR A1S (4) 15M 9/59

7233

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	PLACE OF DEATH COUNTY Washington MARYLAN	2 USUAL RESIDENCE (Where deceased lived. If institut on: Residence before admission) o. STATE Maryland b. COUNTY Washington
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	
	RURAL ond give nearest lawn) Hamenstown I mo. 2 wik	(Rural) Williamsport Md. RFD #2
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Western Maryland State Hospital	Riral Williamsport Nd RFD 2 YES NO M
	3 NAME OF DECEASED (Type or print) ROY First Le SLie	BECKLEY DEATH CONTROL NORTH Day Year 3 196/
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost hirthdox) Manual D
	Male White WIDOWED DIVORCED	June 19 1886 74 m 11 14
	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IN Letter of Penn. R. R. R.	DUSTRY II BIRTHPLACE (State or foreign country) Naryland U.S.A
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Elmer Beckley	Laura Ardinger
1	(Yes, no. or unknown) Iff was, give wor or dates of service)	Mrs. Mable G. Beckley R. F. D. #2
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY WELL IMMEDIATE CAUSE (0)	nea one week
	DUE TO	5 1 0 1 to 11 do
	DUC TO	noma of prostate 4 year
	cause (a), stating the <u>under-</u> DUE TO lying cause lost. (c)	
		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enler nature of injury in Port 1 or Port 11 of item 18)
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Home, farm, 20f (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
	21 I certify that (I) (this haspital) attended the deceased from	mApril 19. 19.6/10 June 3., 196/, that (1) wer last
		it death accurred at
	220. SIGNATURE 4 BLEEFE Cher	ATTENDING MED STAFF PHYS 1 120 220 DATE S GNED PHYS DIRECTOR D PHYS 1 120 2
	22c PHYSICIANS YOUNGE CHU	N 1500 Penna Ave Hagerstown ru
	230 BURIAL, CREMATION 236 DATE THEREOF 230 NAME OF CEMETER	Y OR CREMATORY P3d LOCATION (City, lown, or county) (State)
	Burial June 7-61 Hose Hill	Cemetery Hagerstown Md.
	24. FUNERAL DIRECTOR'S SIGNATURE AND RESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Color is deal - second to	DATE JUN 7 61 Chilling S. Known



3. N D (T 5.

Andrew K.

Coffman Hagerstown id.

	MARYLAND STATE DEPARTMENT OF HEALTH							
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE 1, MARYLAND						
_	CAUSE CENTIFICATE OF DEATH	_ 03222						
	a. COUNTY b.	lived, If Institutioni Residence before admission] 5. COUNTY 10 TON iits, write RURAL and give neerest lown]						
	a. NAME OF HOSPITAL OR INSTITUTION (if not in hosp lei, give street address) d. STREET ADDRESS	8. IS RESIDENCE						
	517 No Mulberry St 517 No Mulberry	St YES NO NO						
	NAME OF First Middle Last 4. DATE OF DECEASED ANETTA VIOLET BENNETT DEATH JU							
10a	Female Thite WIDOWED D VORCED July 12 1912 48	In yeers IF UNDER 1 YEAR IF UNDER 24 HRS Hours Min. yrs Months Deys Hours Min.						
do	ione during most of working life, even if refired	Co USA						
13.	3. FATHER 5 NAME							
	Nathan Divens No Record							
(Ye		Address Tallberry St						
	18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Hagers townd.	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) S8 (e) DUE TO Conditions, if eny, which gove rise to Immediate cause (a), stelling the underlying cause lest. (c)	2 weeks_						
Z	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(e) 19. WAS AUTOPSY						
AZIC		PERFORMED?						
CERTIFICATION								
MEDICAL								
	21. I certify that (I) (this hospital) attended the deceased from	une5, 19.61, that (I) (we) last						
	saw the deceased alive on	auses and on the dale stated above.						
_]	Burial 6/7/61 Rest Haven Cemetery Hagersto	City, town or county) (State) 2171 Thush Co Lad. 256. REGISTRAR'S SIGNATURE						
	\$0% o ot	arthur & Throng						

DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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PLACE OF DEATH p. COUNTY

MARYLAND WASHINGTON

c. LENGTH OF STAY IN 15

MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY A SHINGTON

b. CITY OR TOWN (If outside corporate limits, write YRS. 48

HAGERSTOWN

d. NAME OF HOSPITAL (If not in hospital, give street address)

SHENG TON COUNTY HOSPITAL d. STREET ADDRESS HAYS e. IS RESIDENCE ON A FARM? YES TO NO IX

	DECEA (Type
	5. SEX
1	

SED or print)

First HELEN IRENE Middle BICE Lost

4. DATE DEATH

AVE.

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

Month JUNE

Doy Year 6 61 19

6. COLOR OR RACE 7. MARRIED X NEVER MARRIED WHITE FEMALE WIDOWED |

DIVORCED |

B. DATE OF BIRTH

9 AGE (In years lost birthdoy) 60 yrs. Months Dovs

IF UNDER 1 YEAR) IF UNDER 24 HRS

during most of working life, even if retired) HOUSEVIER

HOME

INDIANA 14. MOTHER'S MAIDEN NAME U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

NELLTE V. MAUGANS

PHILIP HEEFNER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

17. INFORMANT

Addies A G F MRS. LOTS JOAN STEVENS

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

aren male

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gave rise to immediate cause (a), staling the under-

lying couse lost

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port il of item 18.)

and that death accurred av. 4914

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg, etc.)

(County) (Stote)

YES NO D

21 I certify that (1) (this haspital) attended the deceased fram

20c. TIME OF INJURY Day, Hour a.m. of work of work

22d. ADDRESS

saw the deceased alive and 16. 22o. SIGNATURE

ATTENDING M D PHYS.

(170 E.

STAFF PHYS. DIRECTOR [

from the causes and on the date stated above SIGNED

(Stote)

22c. PHYSICIAN'S NAME (Type)

> 23b DATE THEREOF BURIAL CREMATION.

NAME OF CEMETERY OR CREMATORY

CHURCH

23d LOCATION (City, town, or county) WOLFSVILLE

1960 to June 16 1961, that (1) (we) last

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

196/

25a REC'D BY REGISTRAR DATE UN 2 0 61

arthur & Henry

25h REGISTRAR'S SIGNATURE

0 VR A15 (4) 1SM 9/S9

FUNERAL DIRECTOR:

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VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	₹ E , 1	8

	7236 CERTI	FICATE OF DEATH	Reg. Dist. No.	7224
	o. COUNTY Was 1117 272 MARY	1LAND 2 USUAL RESIDENCE (Where decease of STATE)	b. COUNTY 17017401	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 Was (C	2 Jilver S:	porote limits, write RURAL and give nearest to	-2
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LUGS 11 1111 1671 (Odd type of the street)	at 9400 harries	1L, ON	RESIDENCE A FARM?
l	3. NAME OF DECEASED (Type or print) First Middle	Lost 4. DATE OF DEAT		Yeor 19 (0)
	Female 6. COLDR OR RACE 7. MARRIED NEVER MARRIED DIVORCE	- 11/1/ / / / · · · · · · · · · · · · · ·	P. AGE (In years left UNDER 1 YEAR IF UN Days Hour yrs.	
	USUAL OCCUPATION (Give kind) of work done 10b. KIND OF BUSINESS Of during most of working life, even if retired)	DR INDUSTRY 11, BIRTHPLACE (Slate or foreign	country) 12 CITIZENJOF WH	STUTE.
	Greenburg Smith	14. MOTHER'S MAIDEN NAME	- Rachael Pra	#
	IS. WAS DECEASED EVER IN U. S JARMED FORCES? (You, no, or unknown) (If yea, give you or defea of service) 214-36-433	1 18 lady Still daug	den 5/1/1/2, 5,	This))
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	enileolus	INTERVAL ONSET AD	DEATH
	Canditions, if ony, which) by vatho ogica	Fractur 31	2+ /10 11	16016
	gove rise to immediate code (o), stating the under-lying cause lost.			
	PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISE	PERI	S AUTOPSY FORMED?
l	GR CONTRIBUTING CAUSE OF DEATH V	OCCURRED. (Enter nature of injury in Part 1 or P	ort (1 of item 18)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work at work	20e. PLACE OF INJURY IHome, form, factory, street, affice bldg., etc.)	ity or tawn) (County)	(Stote)
İ	21. I certify that I attended the deceased from 10.200 and that	death accurred at 15AM fe	, 19,that I last saw th	
	ACTUAL SIGNATURE TO LESS - Welley		om the causes and on the date statistics, cify or lawn, state)	DATE SIGNED
	PHYSICIAN JOBBY 1 2000 1	"D) Hage colow	21, 11/1.	
	Birrial 6/10/61 HSh ME	Movial, Sa	ndy Spring, Me	toje)
	23. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS)	Ville, Md DATE JUN 9	STRAR 246. REGISTRAR'S SIGNATURE 261 Cathur & Flaus	





PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmission) is net.

I director. Pervour files.

* Health, e. COUNTY e. STATE **b.** COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town? Hagerstown Washington, D. C. Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) jo d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3070 Thayer Street N. State | Washington County Hospital 3 NAME OF DATE DECEASED (Type or print) DEATH 18 61 19 Lathrobe Brown with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with lest birthdey)
6 3yrs. Days and Hours 1898 age 5 me f and 2 v 72 hours Mar. 21, male WIDOWED [DIVORCED [IDe USUAL OCCUPATION (G ve kind of work , 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages Retired - U. S. Navy Yard Maryland pages 1 U. S. A. form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Elizabeth Shaw morada ka ka akakake Albert Brown 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetesofservice) 218-34-7212 Address encetaine lyrs . Nellie Brown in pencil in Item 1 (same as above) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along burial-transit r .⊑ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Skull - + cerebral 7-2cture pue MMED. ATE CAUSE (a) DUE TO Hemorrhage. Conditions, if any, which "pending" gave rise to immediate cause in ro **DUE TO** (e), stating the underlying Examiner Se nsed PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? execute the certificate, writing the word ld be forwarded to the Chief Medical E NO 4 T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part I, of I tam 18.) oul Freun Huto when hit proudsi de $^{\circ}$ bur rded to the Chie 1 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) 0 Not While Whie wash. et work et work prior DIRECTOR: 21. If certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry ... Accident Suicide Homicide | Undetermined manner death resulted from. Natural causes CHIEF MEDICAL EXAMINER ACTUAL designated DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL its der SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) Ft. Lincoln Cemetery Prince Georges Co, Md. 0 ъ 04 Burial 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR A15ME The S.H. Hines Co. Washington, D.C. DATE JUN 2 3 '61 5M 7/59 Cilling & Thous

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

ATH

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

1961

4		11	33		CERTI	FICA	TE OF	DEA	TH				G'	722
(IV	1. i	LACE OF DEATH	shington			TILANII.	2. USUAL o. STA	TE	(Where d	leceased live	d If instituti b. COUNTY		se befor	
		Hagerst	own		5 days	Y IN 16	11 1/	OR TOWN		corporate l	imits, write R	RURAL ond	give neo	rest town)
1		OR NSTITUTION.	On County				1 d. STR	EET ADDRES		r St.	•		•	NES TEST
		Type or print)	Elbra	st	Owen	le	Bro	Last DWD		DATE OF		June		1
		ale	6 COLOR OR RACE white	WIDOWE		:60 🔲	Jan.	1, 1	894	6	GE (In yeors birthday) 7 yrs		Doys	Hours
		painter	ON (Give kind of work or king life, even if retired)	rind of Business rcraft	OR INDU	E	uclid	, Md		rt	12, CIT	IZEN OF	WHATCO
\overline{I}				rown				HER'S MAID	EN NAME		en R.		amar	1
		yes	R IN U. S. ARMED FOR (If yes, give war at dates of s WW I	2]	50CIAL SECURITY N L7-03-26	11	Mrs.	Eula	н.	Browl	Add , Sm	iths	bure	s, Me
			ATH [Enfer only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	11	o for (0), (b), and (1 125105C	12/16	416	H24	12+	Pis:	ERFE		ONS	RVAL BET
		Conditions, if o gove rise to it couse (a), slating lying couse last.	mmediale (JUL1	Exalie o	28	An	1851	0501	12 po	SIŚ		UK	KNO
	PICATION	JMA	HER SIGNIFICANT CON	130	obstr	nex	101	21281	Mia			VEN IN PAR	T 1(o) 15	PERFOR
(AL CERTII		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY	.,								
	MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	or 20d IN While of work	Not while of work	20e. Pt.	ACE OF INJ clory, street,	URY (Home, office bldg.	form, 20 ., etc.)	of. (City or to	own)	(County)	
			it (I) (this haspital sed alive an 1871		ed the decease					ram the		, 19 <i>.C</i> nd an the		
1		22c. PHYS.CIAN'S NAME (Type)	Landysk.	el BAGA	*		M.D. PHYS	NDING (A.	MED. DIRECTO	or - st Uz Ur	AFF □		6-	11-61
		BURIAL, CREMATIO REMOVAL (Specify) DUTIAL	6-20-6]	OF L	23c NAME OF CE			neter	y S	LOCATION	burg	, Md		(Slote
cx.	24.	funeral director ${ t Scott} { t F.}$		& Sc	ADDRESS on, Smit	hsbu	urg. 1	Md DATE	05161 0	REGISTRAR 2 1 61		ISTRAR'S SI		

Ellen R. Wagaman Address a H. Browh, Smithsburg, Md. INTERVAL BETWEEN ONSET AND DEATH 15 10244. HETERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO X niury in Part I or Port II of item 18.) me, form, 20f. (City or town) (County) (Stole) oldg., etc.) 19.6.1., that (1) (we) last at \$ 45 M, fram the causes and an the date stated above. SIGNED 23d. LOCATION (City, town, or county) (Slote) Smithsburg, Md. 256 REGISTRAR'S SIGNATURE So REC'D BY REGISTRAR JUN 2 1 Cirilian S. Thomas Md & DATE

VR ATS (4) 15M 9/59



haurs after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. State Board of Health prior to burial, cremation, or removal, and in any the

YR A15 (4) 15M 9/59

ITAL OR ATTENDING PHYSICIAN: The law requisms that the death certificate be executed

		LACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)					
		WASHINGTON	MARYLAND	MARULAND. WASHINGTON					
	ŀ		c. LENGTH OF STAY IN 16	c. CITY OR TOWN! (If outside corpore					
		HAGERSTOWN	5 MONTHS	X - RUKAL					
4		I. NAME OF HOSPITAL (If not in hospital, give street o		d. STREET ADDRESS		e IS RESIDENCE			
1		OR INSTITUTION	,	2		ON A FARM?			
3	$\overline{}$		E HOSPITAL	ILCLEAUSPILING.	M.D. K.1	YES NO 🗌			
	3. 1	NAME OF First	Middle	Lost 4. DATE	Month	Day Year .			
	(Type or print) CLINICN	F	CHURCHEY DEATH	JUNE	5 1961			
	5. 5	EX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH	A contract to the contract of	YEAR IF UNDER 24 HRS			
		MALE WHITE WIDOWE	DIVORCED [JANUARY-27-1916	45 yrs 4	Nin Min			
	100	USUAL OCCUPATION (Give kind of work done) 10b. K during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign cou	entry) 12. CITIZ	EN OF WHAT COUNTRY?			
		LABORER	FARM		H. CO.MA. U	SIA			
	13.	FATHER'S NAME		14. MÖTHER'S MAIDEN NAME	· ·				
-		ATHO E CHURCH	+ /= \/	NORA d.	TUCKER				
		WAS DECEASED EVER IN U. S ARMED FORCES? 16. S	OCIAL SECURITY NO. 17 I	NFORMANT	Address				
	[Yes	. no, or unknown) (If yes, give war or dates of service)	2-10 0170 11	Pa F Data Garage	. B. CAMEDO.	ACID P. 1			
		/VO 141:		RS. EDNA CHURCHEY	1 CLEARSPIRING				
		18. CAUSE OF DEATH [Enter only one couse per line				INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY:		10 minur					
		420.1 DUE TO							
		Conditions, if any, which) (b) Hepp	partencina car	ediovascular Disza	58.	7 420RS			
		gove rise to immediate							
		lying couse lost.							
	z	/ (6)	ONITRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART	VZGOTILA ZAMA OLITOPSY			
	CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 1) Abtenischerosis obliterans (Dichronic Catrial fibrilla fior) 20a ACCIDENT WAS UNDERLYING (DICHRON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) (If EITHER, NOTIFY MEDICAL EXAMINER)							
	TIFIC			D (Enter nature of injury in Port I or Port	II of item 18)				
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	N. C.	f.	ACE OF INJURY (Home, form, 20f. (City of	or town) (Co	ounty) (State)			
	GBV	Hour o.m. While of work	INDI WILLIE	ctory, street, office bldg., etc.)					
	~	21. I certify that (I) (this hospital) attended		12-14 1960 10 5	5-5-196	, that (I) (yet)-last			
		saw the deceased alive an 6 - 5 -	10//	death occurred at/13 M, from t					
		22o, SIGNATURE	// Ond mar	death occorred divi 33 Mr, from t	ne couses and on the	22b DATE			
		A A	0. ,	ATTENDING MED	STAFF	SIGNED			
		Victor &. K		M.D PHYS DIRECTOR	PHYS D	June 6,196			
		22c PHYSICIAN'S NAME (Type) UICTOR L.	0	22d ADDRESS Western		rikel			
		VICTOR L.	camos, mr	Hagershun	maryland				
	230	BURIAL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY 23d, LOCATI	ON (City, fown, or county)	(Stote)			
		BURLAL Specify) SUNE, 9.1961	MOUNTAIN VII	EW CEMETERY SHA	DOSIBURG WA	SH. Co.IND.			
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTR	AR 256 REGISTRAR'S SIGI				
		My ETY, Cont.	/ (2)	5 de 5 10 10 10 10					
		Juman Circumstate	1000NS BORE	DAIE DONE					



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07229

	LACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If Institution, Residence before edmission)
	COUNTY 6. STATE 6. COUNTY
-	MARYLAND MARYLAND MARYLAND COLY OR TOWN (if outside corporate limits, write RURAL end give neerest town) COLY OR TOWN (if outside corporate limits, write RURAL end give neerest town)
	write RURAL end give neerest town)
	HACERSTOWN 3 DAYS NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) J. STREET ADDRESS J. O. IS RESIDENCE
1	ON A FARM
Ľ	WASH. CO. HOSPITAL III STOUFFER AVE INDIA
	VAME OF First Middle Last 4, DATE Month Dey Year DECEASED
	Type or print) SMER - CLOU CLARK DEATH SUNF -20 - 1966
5.	SEX 6 COLOR OR RACE T MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WIDOWED DIVORCED ATALL 12 - 1884 77 yrs. Months Days Hours Min.
10e	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 IRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
139	e during most of working life, even if refired)
14	TIRED EMPLOYEE N.Y. CENTRAL I ROM WORK WASH, CO. MD. U.S.A.
13.	TALIFIER S NAME / 14. MOTHER S MAIDEN NAME
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Y JANE HARMAN.
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address FFER AVE
	NO MIRS BLANCHE CLARK FUNICITOWN MD.
	18. CAUSE OF DEATH (Enlar only one Cause per line for (a), (b) and (c).) [INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:
	4/01
	Many (1stal a Strange) wel-1961
	geve rise lo immediale couse
	(a), stelling the underlying DelETO Gundant-schurges
	(c)
0 N	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19. WAS AUTOPSY PERFORMED?
CAT	Emphysima Senere - Conver Right Lung. YES WINO [
CERTIF	2De. ACCIDENT WAS UNDERLYING J 20b. DESCRIBE HOW INJURY OCCURED. (Enter lature of injury in Pert Vior Pert II of flem 1B.) OR CONTRIBUTING TO CAUSE OF DEATH
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)
SAL	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, form, 2Df. (City or town) (State)
MEDIC	Hour a.m. While Not While fectory, street, office bldg., etc.) p.m. 19 et work at work
2	p.m. 17
	Tit I design in the first the former than a second the second that the second
	saw the deceased alive on
	ATTENDING MED, STAFF SIGNED
	Sulling Nowelle M.D. PHYS. DOTRECTOR PHYS. D 6-36-6/
	22c. PHYS CIAN'S NAME (TYPE) ADDRESS 22d. ADDRESS
_	2 ONEY MOVE 11. 1E'M -) Whoshim I'M
23	BURIAL, CREMATION, 23b. DATE (HEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)
11	SUMAL JUNE, 23,1961 KEST HAVEN CEMIETERY HACERSTOWN MID.
24	FUNERAL DIRECTOR'S SIGNATURE) ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Jahr N. ODAST BOONSBORD NO DATHUN 29'61 Criting & thous
-	The state of the s



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Division of STATISTICAL RESEAR **FUR STATE** MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) 1. PLACE OF DEATH wa shington I director. Page or your files. oard of Health, b. countyontgomery .. STATE Maryland MARVIAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 write BURAL and give neerest town)
Hager stown Millined for your days Rural Clarksburg d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? Washington County Hospital Box 1YES X NO 3 NAME OF M ddla 4. DATE DECEASED (Type or print) Bobby Coffey Eugene DEATH June 61 19 and 3 to with 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IE LINDER 24 HRS may 2 age 5 may 1 and 2 will 72-thours last birthday) 1940 Male May 16. WIDOWED [DIVORCED [7] 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 done during most of working life, even if retired) Laborer Nursery Kings Mt. in pencil in Item 18, Give Pages pages PM3. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Coffey Edna Breakfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgivawerordatesofservica) Mrs. Edna Coffey Clarksburg. Office along with Md. 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c) i INTERVAL BETWEEN ONSET AND DEATH burial-fransit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) 5 CLUY 1 DUE TO removal, Ch can al vertebrae "pending" gave rise to immediate cause rd DUE TO (e), stating the undarlying \$5 (C) causa last. cremation. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES THO F Medical pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.1 20e. EXTERNAL CAUSE WAS age 3 shot to burial, o PR.MARY - TO CONTRIBLTING CAUSE OF DEATH. Shallow please execute the certificate, writing th 4 should be forwarded to the Chief M O FUNERAL DIRECTOR: Page 3 sh 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Month, Day, Yaar fectory, streat, office bldg., etc.) While Not While Clarkshung Mont at work of work Monocusy 171621 prior 21. I certify that I took charge of the remains described above, held an Autopsy inspection I Inquiry 1 and in my opinion Accident P death resulted from. Natural causes Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IX Ditto Edward W. NAME (Type) Address (Street, city, town, or county) 226 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 6-17-61 Clarksburg Cemetery Clarksburg. 24m, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME md DATE JUN 1 9 '61 arthur S. Thank Hagerstown, Scott F. Minnich & Son 5M 7/59

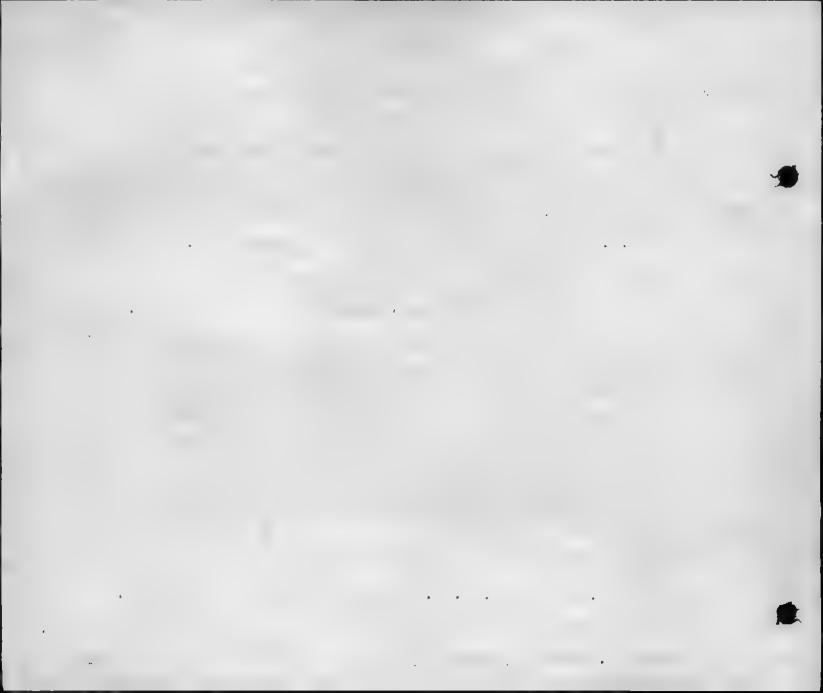
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7243 CERTIFICATE OF DEATH
7231

			USUAL RESIDENCE (Where daceesed lived, If Institution, Residence before edmission)
Л) '	e. county	s. STATE and Washington
		b. CITY OR TOWN (if outs de corporate Jimits. c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest fown)
	1	write RURAL and give nearest town) Figure 3r sto 7n 9 17 eeks (:-	Hage stown
v			d. STREET ADDRESS I . IS RESIDENCE
7			3003 Jefferson Blvd YES NOX
		NAME OF First Middle DECEASED	Lest 4, DATE Month Day Year
			MER DEATHJune 16 1886 1961
	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE	TE OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
)		Lule widowexx divorced Luro	
	10e do:	dona during most of working I (e. aven if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
			uray Paige Co Va. USA
	13.	IS. FATHER'S NAME	MOTHER'S MAIDEN NAME
		Faward Comer	Georgiana Burner
	15.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	
	N		n Burner Funkstown 1.d.
	I	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AC. WYOU GO CLE	ial In Brotan Immel
		//2.2.0 BUETO	
		Conditions, if any, which) b) Colored Contract	20/2020
		geve rise to Immediate ceuse (b) Glubul affinde	seeme and
		Conditions, it any, which gever rise to Immediate ceuse (a), stelling the underlying ceuse last. (c) arterioscluotic	heart cliseare
		The state of the s	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Į.	The state of the s	PERFORMED? YES □ NO □
	FICA	200, ACC DENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter	
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH ORIGINATING THE CONTRIBUTING CAUSE OF DEATH OF INTERPROPERTY MEDICAL EXAMINER)	a refute of this is a first of contract of each to the
	Š	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLACE OF	FINJURY (Home, farm. 20f. (City or lown) (County) (State) reet, office bldg., etc.)
	MEDICAL	Hour e.m. While Not While tactory, str.	reer, directings, etc.)
		21. I certify that (I) (this hospital) attended the deceased from	11. 1960, 19 to Jense 16 , 1961, that (1) (we) last
			th occured at John, from the causes and on the date stated above,
		22a, SIGNATURE	22b. DATE
			ATTENDING MED. STAFF PHYS. T DIRECTOR PHYS. 6/16/
4			22d. ADDRESS
Ž		Edward W. Ditto Ill. M. D.	217 West Washington St.
	23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	
		REMOVAL (Specify)	metery Haperstown Wash go Ma.
	I	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
1		Andrew (. Coffi in Hagerstown ad	DATE JUN 2 D'61 Chilly S. House
7	I	The colling hards storn id.	The state of the s



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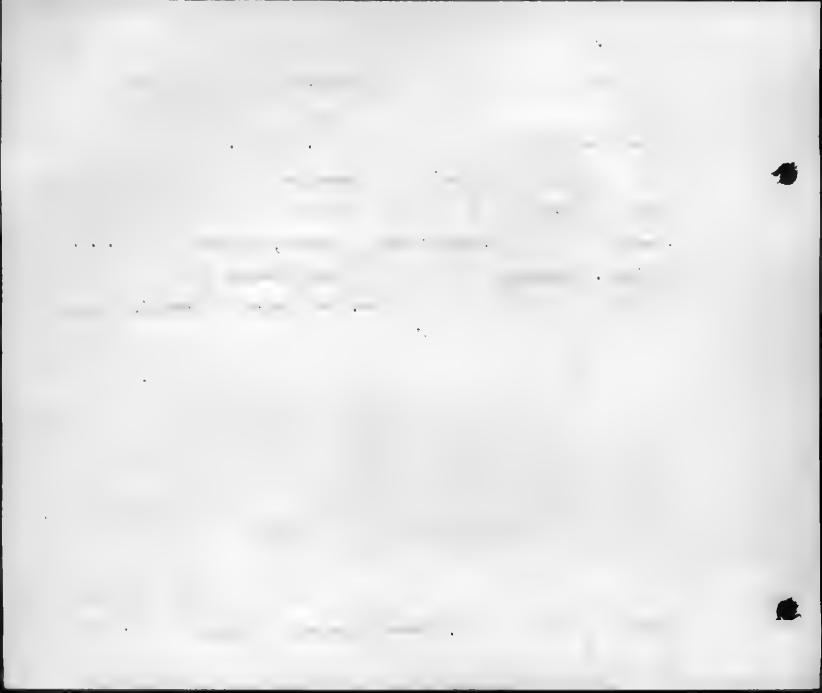
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

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	CEI	RTI	FIC	AT	E O	F D	EAT	ŀ

)		COUNTY	MARYLAND	g STATE	b GOUNTY	,	
	ŀ	CITY OR TOWN (if autside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL		
1		RURAL and give nearest town)	18 1000	111			
	-	Hancock NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e IS RESIDENCE	
4		Hancock Rest Home		1 145 W. Mai	n St.	ON A FARM? YES NO I	
	3. 1	NAME OF First	Middle	Last	4. DATE Month	Day Year	
i		Type or print)	Bund	Connelius	DEATH 6	12 1961	
	5. 9	EX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH		NDER I YEAR IF UNDER 24 HRS	
V	Ž	Male White WIDOW	ED DIVORCED [10/2/1873	87 yrs Man	This Days Haurs Min.	
)	10a	. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country) 12	CITIZEN OF WHAT COUNTRY?	
		Grocer	mocery Store	Hancack	Manuland	U.S.A.	
	13.	FATHER'S NAME	7	14. MOTHER'S MAIDEN N	AME		
		William S. Cornelius		Mary Cath	erine Over		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 10. or unknown) Iff yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT &	Address		
		No		Irs. Mary Ext	ine Hahcock	Maryland	
		1B. CAUSE OF DEATH [Enter only one cause per li	ine far (a) (b), and (c)]	1- x 71011	Ne all him	ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	(Dru	uo vus	acear	3yrr	
		177 DUE TO	0.7	100	7.00 01		
		Canditions, if any, which (b)	are	no scle.	role Cl	sease	
		cause (a), stating the under-					
lying cause last.							
4	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PERFORMED? YES NO [7-	
<u></u>	CERTIFI	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I ar Port II of item 18)		
	MEDICAL			ACE OF INJURY (Hame, farm,		(Caunty) (State)	
	MED	Haur a m White at war	IADI MUITE	ctory, street, office bldg., etc.			
		21 I certify that (I) (this hospital) oftens	ded the deceased from	5/15 12	170 6/12	1961, that (1) (we) last	
		sow the deceased alive on 6/1	_ / /	- A -	M from the couses and an		
		22a SIGNATURE	Dr.	1/		22b. DATE SIGNED	
		D'MAR OUT	THE	M.D. ATTENDING ME	STAFF RECTOR PHYS.	SIGNED	
		PHYS CIAN'S MAME (Type) E M SHAFFER	4	22d. ADDRESS	MICOCK M	4 1	
,		E M SHALLEN	/L		77000000		
	2 3a	BUR AL CREMATION 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, or cou	nty) (State)	
	24	Burial 6/15/61	St. Thomas	Episcopal	Hancock BRY REGISTRAR 256 REGISTRAR	Daryland	
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS //	1 1	1.10	2. Trans	
p	5	trecelle & ster	wa tonce	DATEIN	1 9 161		



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07233

2 72 三十二	GERTINION	12 01 2271111		00000
1. PLACE OF DEATH o. COUNTY T.T. 1.0		2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	: Residence before admission)
Washington	MATILANE	Mary.	land ". cossii i	Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	_	c. CITY OR TOWN (If or	utside corporate limits, write RUI	RAL and give nearest town)
Sharpsburg	82 yrs.	Sharpsb	urg	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
206 W. antietam Stree	t	206 W. An	tietam St.	YES NO NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Thomas	Albert	Crampton	DEATH June	7 1961
	RRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Male White WIDOV	WED NORCED	Sept. 13 1	878 82 yrs.	Months Pays Hours Min.
100 USUAL OCCUPATION (Give kind of work done 100 during most of working life, even if retired)	WIND OF BUSINESS OF INDU	STRY 11 BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Deputy Game Warden C	onservation	P.	dryland	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John Crampton		Franci	SE. SAYL	oR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		FORMANT	2 Addres	"W. Antietam S
NO	None Th	nomas Edgar	Crampton Shar	nshuro Id
18. CAUSE OF DEATH [Enter only one couse per				I INTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cute lymphat	ic leukemia		2 month
) 4 /4 DUE TO				
Conditions if any which				
gove rise to immediate (
lying couse lost.				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G VE	N IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO.
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Port II of Item 18.)	
OR CONTRIBUTING LI CAUSE OF DEATH				
3 20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. p. m. 19 pl w	le Not while to	ctory, street, office bldg., etc.;)	
21. I certify that (I) (this hospital) atter		/11/61 12	6/7/61.	_, 19, that (I) (we) las
saw the deceased alive on 6/11/				an the date stated obove
220 SIGNATURE	ond hot c	learn accurred art	m, from the causes and	22b DATE
waller H.	(min)		D. STAFF	SIGNE
22c PHYSICIAN'S NAME (Type) Walter H. Sh	ealy M. D.	Sharp	sburg, Md.	6/9/61
236 BURIAL, CREMAT ON, 236 DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town, or	county) (State)
REMOVAL (Spec fy) June 10-6	1 Mt. View	Cemetery	Sharpsburg I	d.
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
West Less We	Kleomyet ;	DATE ALL	8 12 '61 cm	ing S. Krone



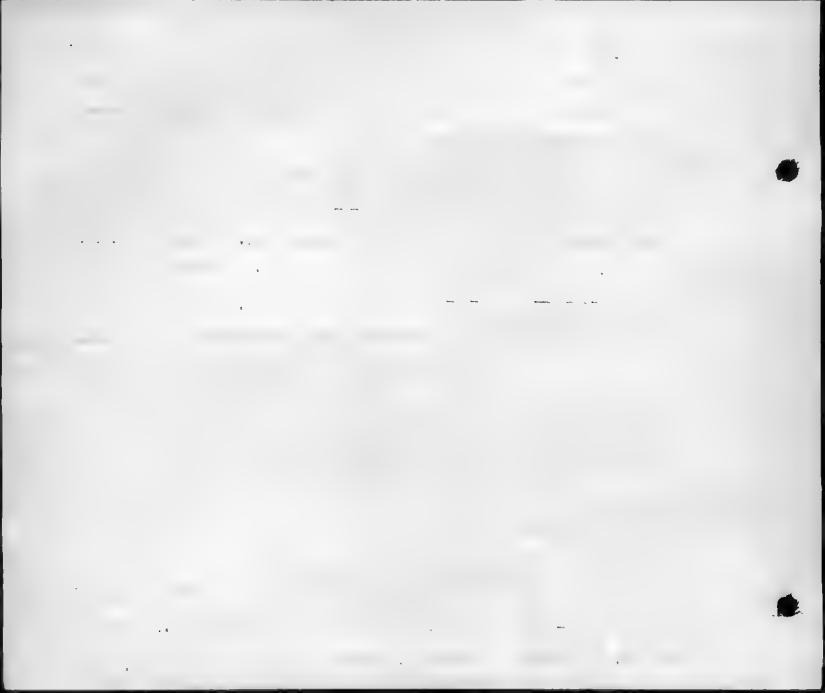
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07234

		PLACE OF DEATH	4			[]	2. USUAL RESIDENCE (W	here deceased			efare admiss	ion)
	C	. COUNTY	shington		MWA	LANCE	a. STATE Marv	land	b. COUNTY	Freder	ri ek	
	k	b. CITY OR TOWN (If	autside carporate limits	, write c. L	ENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		rote limits, write F)
			zerstown		10 day	s	Yella	w Spri	ings (Rur	al Fred	lerick)
0		. NAME OF HOSPITA	L (If not in haspital, giv	re street addre			d. STREET ADDRESS				e IS RES	IDENCE
		Western Ma	aryland Sta	te Hos	pital				/(:	X - T		NO
.00	3. 1	NAME OF DECEASED	First		Middle		Last	4. DATE	Mos	eth	Doy \	Year
		(Type or print)	ELMer	~ R	Richa.	rd	CREBBS	DEATH			3	1961
	5 S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 📜 B	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y		
		Male	White	WIDOWED [DIVORCE	□ □ ·	1-2-1886		75 yrs	Months Da	ys Hours	Min.
	10a	USUAL OCCUPATION	N (Give kind of work do	ine 10b, KIND	OF BUSINESS O	R INDUST	RY 11, BIRTHPLACE (State	ar fareign co	cuntry)	12 CITIZEN	OF WHATC	OUNTRY?
		Retired T	ruck Farmer				Frederic	c Co. I	Waryland	U.S	3.A.	
_	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
T)	John D.Cre	abbs				Margaret	L. Hol	Lzapfel			
C	45	WAS DECEASED EVER	IN U. S. ARMED FORC		IAL SECURITY NO	. 17 INF	ORMANT		Add	ress		
	1187	No (f	f yes, give war or dates of ser	S50 -	03-6589	Ray	mond Crebbs	Rt.#	7 Freder	ick, M	arylan	d
		18. CAUSE OF DEAT	TH [Enter anly ane cau	se per line fai	r (a), (b), and (c).	1					NTERVAL BE	
		PART I. DEAT	H WAS CAUSED BY:	Car.	etiro	VZL	scular a	recio	Lent		and the same of th	nont
		No. Marine	DUE TO				n	,			1	
		Canditions, if an	y, which)	855.	en T.S	0	hup erd	ensi	ADA/	V	inter	KOWN
		gave rise to in	mediate DUE TO			-	11	42031.	470			-600
		cause (a), stating t lying cause lost.	he under-				0.					
	NO.		ER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GI	EN IN PART 10	19. WAS /	AUTOPSY
p	CATIC										PERFO YES	RMED?
en e	正	20a, ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY O	CCURRED	(Enter nature of injury in	Part I or Part	t II of item 18.)			
	CERT	OR CONTRIBUTING	CAUSE OF DEATH				, , ,					
		20c. TIME OF INJURY	Manth, Day, Year	20d. INJUR	Y OCCURRED	20e. PLA	CE OF INJURY (Hame, far	m. 20f. (City	or tawn)	(Covi	ntv)	(State)
	MEDICAL	Haur a.m.	19	While	Not while	Fact	ary, street, affice bldg., et	c.)		,	**	
	\$	p. m.		at work 🔲	at work		Maria	1	0	/ 1		
		21 1 certify that	t (I) (this haspital)	attended	6 4		1.444 24.19		home 3.	, 19 _6 _f,	that (I)4	we) last
		saw the decease	ed alive an	4-3	_19_6_, and	that de	eath accurred at	M, fram	the causes ar	id an the d	-	
		220 SIGNATURE	50	0-	P		ATTENDING 7	AED _	STAFF/	1.	221	SIGNED
		22c RHYSICIAN'S	6.	61	hum.	M	.D. PHYS 📙 D	IRECTOR .	PHYS.	Him		1961
		NAME (Type)	YOUNG	F	P.110	1	22d. ADDRESS	0	1	11.		,
			/ 7	,	UNU	[Y	1300	Fin	na Mas	Marg	215/021	so.Hd
	23a.	BUR AL, CREMATION REMOVAL (Specify)	1. 23b. DATE THEREOF	230	C NAME OF CEM	ETERY OR	CREMATORY	23d LOCAT	TION (City, town,	or county)	(Stat	e)
		urial	6-6-1961	F		Hill	Cemetery		rick Co.			
1	24	FUNERAL DIRECTOR'S	B WATURE Of	1/2	ADDRESS			'D BY REGIST		STRAR'S SIGNA		
100		Pahant F	Dailaria	m B	rederi d	Ma	ULTAA DATELU	N 6 '6	1 cir	Ung S. Ki	Aria	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH AREN 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e COUNTY Page b. COUNTY Washington Washington director, Pag or your files, MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Your ő write RURAL and give neerest lown) D.O.A. X Pleasantville Hagerstown D Td STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? retained I Hoffmaster Road Washington County Hospital YES TO NO X 3. NAME OF Midd e DATE Month DECEASED OF with the ELLEN LUCINDA (Type or print) MOLITT DEATH June 25. 19 61 EXECUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it aid be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be received to INECALOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the designated agent, prior to burial, cremation, or remissal, and in any event within 72 hours after S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS 19. AGE (In years IF UNDER 1 YEAR) Jast birthdey) White Female Nov. 25,1906 WIDOWED T DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Samples Manor, Maryland Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Weaver Barton Hanes IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Mrs. Virgie Mae Carey (Yes, no, or unkown) (Ifyesque we ror deles of service) Brownsville, Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET O'APESTH PART I, DEATH WAS CAUSED BY: LOBULAR PNEUMONIA BILATERAL IMMEDIATE CAUSE (e) W/ABSCESS FORMATION DUE TO **DEHYDRATION** Conditions, if any. which (b) geve rise lo immediate causa DUE TO (a), stelling the underlying BARBITURATE INTOXOCATION? couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19, WAS ALTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200 EXTERNAL CAUSE WAS PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yner 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. [City or fown] (County) (State) Not While fectory, street, office bldg., etc.) et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Y. Inspection Inquiry and in my opinion Natural causes X Surcide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DR.E.W.DITTO, JR NAME (Type) Address (Sireet, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Samples Manor Cemetery 54 D Samples Manor, Maryland 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Harpers Ferry. JUN 2 7 '6 VS. ATSME Cirthur S. Hraus West Va. 5M 7/59

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pleose exe-	4 should be		cremotion,
day is necessary, pleas	director, Page	files.	DIRECTOR: Page 3 should be used as a burial-transit permit. Fite pages 1 and 2 with the registrar prior to burial, cremation,
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COUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If or	ate, writing the ward "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the fu.	er's Office along with form PM3. Page 5 may be retained for your files.	2 with the
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200	e certificat	forwarded to the Chief Medical Exeminer's	REC
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(MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If or the loy is necessary, please exe-
certificate, writing the ward "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the fure director. Page 4 should be
I to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
AL DIRECTOR: Page 3 should be used as a burial-transit permit. Fite pages 1 and 2 with the registrar prior to burial, cremation,

VS. A15ME(5) 5M 9/55

ok

7248

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.7236	Reg.	Dist.	No.	2	3	6
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	1. 1	COUNTY WAS	SHINGTON		MARY	TI A NUS	o. STATE MARY		b. COUNT		NGTON	
	b		outside corporate limits, write	e BIIDAI	c. LENGTH OF STAY				nocota limits write			
	Ĭ	and give nearest town)	HAGERSTOW		3 YRS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL HAGERSTOWN					
,	d				pitol, give street oddres		J. d. STREET ADDRESS	HAGEL	OTOWN		e. IS RESIDENC	F
	_		AGERSTOWN		onor, give sireer course		RT.#1 HAC	GERSI	EOWN		ON A FARM	3
		NAME OF DECEASED	Fin	st	Middle		Last	4. DATE OF	Month	D	ay Year	
		Type or print)	JOHN		D	OCH	ERTY	DEATH	JUNE	17	1967	
	5. S.	EX LALE	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	P 🔲 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Day		RS.
	17.		WHITE	WIDOWED	DIVORCED		1/15/188	82	79 yrs.	Months Day	Hours Min.	
	10a.	USUAL OCCUPATIO	N (Give kind of work	done 10b. Kl	IND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZEN	OF WHAT COUNT	RY?
			SALESMAN	FT	OOR COVE	RIM	s scort	OND_		U.	S.A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	744				П
		JAMES I	OCHERTY				CHRISTI	NIA	JAMESIO	N		
	15. [Yes.	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Add	LTIMOF	E MD.	
		NO unknown)				1	MR. ROBERT	DOCE	IERTY			
			H Enter only one cou	se per line f	or (o), (b), and (c).]					t)	HERVAL BETWEEN	
		PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	17	cux e 14	1000	Cardled I	Tulan	Alas.		T. Grand	
		420.	DUE TO	1 (7		V				
		Conditions, if on		9245	well as	ter	co- p lucin.	e.E.A	and		15 mis	_
		gove rise to immedi (o), stoting the u		U	/ •						V	
		couse lost.	(c)	ary	zue och	JOY	i wait?) we 20	Lik			
	Z	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PART I(c	19. WAS AUTOPS	Y
	IFICATION										YES NO	4_
	RTIF	20a. EXTERNAL CAU		b. DESCRIBE	HOW INJURY OCCUR	RED. (Er	ter noture of injury in Port	I or Port II	of item 18.)			
	L CERTI	CAUSE OF DEATH.				_						
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	or 20d. It		De. PLAC	E OF INJURY (Home, form, street, office bldg., etc.)	20f. (City	y or town)	(County)	(Stole	4
	MEC	Hour e.m.	19	of wor								
		21. I certify the	at I took charge	of the re	emains described	d abay	e, held an Autopsy	/ 🔲 , I	nspection 🛶	Inquiry	and find 1	nat
		death resulted	fram: Natural	causes 🖺	Accident [],	, Suic	ide 🔲, Hamicide	□, ∪	ndetermine <mark>d c</mark>	ause 🔲.		
			20 0	1	- 1							
		ACTUAL SIGNATURE	chumil	Cu. k	140 1	16	M.D. CHIEF MEDICAL EX	AMINER 🗌			DATE SIGNED	
100		EVALUATION FOR		_			ASSISTANT MEDICA	AL EXAMINE	R 🔲		6/18/61	
		EXAMINER'S NAME (Type)	du37-d	W. 1	Ditto 20	JM	BEPUTY MEDICAL E	EXAMINER [<u> </u>			
	220.	BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEMETE	ERY OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)	(Stole)	
		BURTAT	6/20	/61		OFT	CEM.		NWOOD	PENN		
	23.	FUNE CAL DIRECTOR	SIGNATURE	1/1	ADDRESS.	/	7. 1	D BY REGIST		TRAR'S SIGNA		
	1	N ~ 16	921116H	1 /	TO ON WILL	OCC 34	DATE .	JUN 2 () 61 (Tirkhur S.	Traus.	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

67237

7249 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) D. COUNTY a. STATE b. COUNTY Washington MARYLAND Maryland Washington b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest town) RURAL and give nearest tawn) Sharpsburg harosburg d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE OF INSTITUTION ON A FARM? L. Main Street E. Main Street YES NO X NAME OF Middle 4. DATE Manth Year DECEASED OF DEATH Arthur Howell Dorsey June (Type or print) 1961 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX DATE OF BIRTH 9. AGE (In years last birthday) Pla Le White WIDOWED [7] DIVORCED | 1894 66 yrs 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Vice residents Cashier Bank Sharpsburg U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Martha Stine Charles Christian Dorsev 15. WAS DECEASED EVER IN ULIS ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT 121 E. Addriann St. 098 Mrs. Edna Dorsey Sharpsburg Md Yes INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Brenche-pneumenia - terminal Days DUE TO Emphysema and chronic bronchitis 3 Yrs. Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chrenic myecarditis. YES NO TO 20a ACC DENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home form, 20f (City or town) 20d. INJURY OCCURRED (State) Day, Year (County) factory, street, affice bldg., etc.) Hour a m While Nat while at work at work p. m. 6/21/61, 19 , that (I) (we) last 1958 21 I certify that (I) (this is wise) attended the deceased fram. , ta_ and that death accurred at DM, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATORE 22b, DATE SIGNED ATTENDING STAFF PHYS. MED DIRECTOR & M.D. PHYS. 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) H. Shealy M. Sharpsburg, Md. Valter 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City, lawn, or county)

View Cemetery

Sharpsburg Md.

25a REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Cing S. Frank

ard director, be filed with the fundral shauld be fi 24 ₽. hours after death campletely papers that the death certificate be executed and pan within ġ remaye offending pleose the þ permit. certificate detached for TO FUNERAL DIRECTOR:

VR A15 (4) 15M 9/59

BI PEMOVAL Specify

24 FUNERAL DIRECTOR'S SIGNATURE

June

Mt



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, finstitution: Residence before edmission) PLACE OF DEATH b. COUNTY Wa MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) director. Board of write RURAL and give neerest town) mageratewn, md. mageratown. marvland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3 to the funeral he State Br death. Pead or ar ivel westin ton Jounty Hosp. DATE DECEASED the OF (Type or print) DEATH Dersey 8 should be executed within 24 hours after death g'' in pencil in Item 18, Give Pages 1, 2, and 3 is 6. Office along with form PM3. Page 5 may be a burial-transit permit. File pages 1 and 2 with 5. SEX 8. DATE OF BIRTH AGE (in years , IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 2 with lest birthdey) WIDOWED [DIVORCED 10e. USUAL OCCUPATION , G. ve kind of work TOB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Cooksville, Church Clergyman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME maria Prettyman Jeseph Dersey 15. WAS DECEASED EVER IN U.S ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes_no_or unkown) (Ifyesg.vawatordatesofservica) 130 18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) 4 741.1 DUE TO Conditions, if any, which Coronary Atherosclerosis. Severe gave rise to immediate cause "pending" Examute the certificate, writing the word "pending" and be forwarded to the Chief Medical Examiner's NERAL DIRECTOR: Page 3 should be used as a designated agent, prior to burial, cremetion, or ren DUE TO (a), stating the underlying (e) Cardiac Hypertrophy ould be used a PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118. 19. WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | or Pert II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or lown) Month, Day, Year factory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🔯 . Inspect on Inquiry agent, death resulted from-Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER I designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE PULY DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** plnous NAME (Type) Di to Jr. 22a, BURIAL, CREMATION, 22b. DATE THEREOF Address (Street, city, town, or county) 22d. LOCATION (City, fown, or country) REMOVAL (Specify) E 4 0 Gregory Cemetery Cookesville 0 Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME JUN 1 9 '61 arthur S. Hours 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

YES NO

IF UNDER 24 HRS

12. CIT ZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

lnstant

YES R

and in my opinion

DATE SIGNED

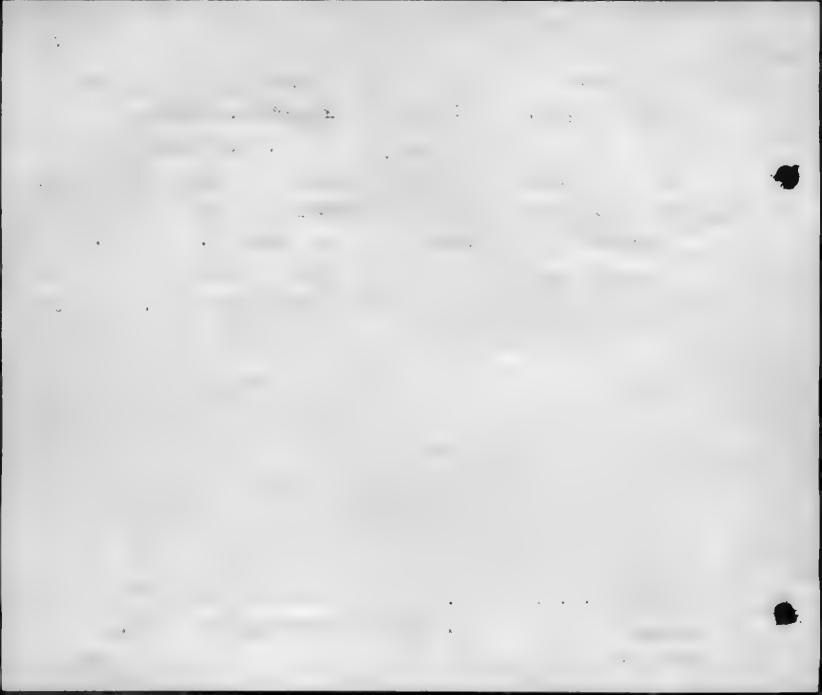
(County)

Months

Days

USA.

ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WASHINGTON MARYLAND WASHINGTON b CITY OR TOWN (if outside corporate limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) CLEAR SPRING CLEAR SPRING. MD. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? MILL ST. YES NO E CUMBERLAND First Middle DATE Month DOWNS DEATH JUNE IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) 8 1 yrs Months Days DIVORCED [WIDOWED yrs 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FEABODY, KANSAS HOUSE WORK 14. MOTHER'S MAIDEN NAME ALICE SPANGLER

13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CLEAR SPRING. MD. CHARLES DOWNS NONE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocradial Infarction to coronary artery occlusion 30 minutes IMMEDIATE CAUSE (o) **DUE TO** Arteriosclerotic Heart Disease 15 years Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

Fracture hip right, due to fall at home 20 May 1961

20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING EXCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Fell at home... 20 May 1961

20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour o.m. 8:30 a.m. 19 While Not while of work XX

20e PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Home 20 May 1961

ATTENDING PHYS XX

PHYS

M.D

(County) Washington Clear Spring

30 June 1961

(Stote)

PERFORMED?

YES NOTE

Yeor

19 61

21 1 certify that (1) (this hospital) attended the deceased from 2 sow the deceased alive on 30 June 1961 19 220 SIGNATUR

, and that death occurred at _____M, from the causes and on the date stated above. MED. STAFF PHYS

226 DATE SIGNED 2 July 1961

19____, that (I) (we) last

22c. PHYSICIAN'S /NAME (Type)

a. COUNTY

NAME OF

DECEASED (Type or print)

5. SEX

CAL

Archie Robert Cohen, M.D.

96

22d. ADDRESS

Clear Spring, Maryland

23a BUR AL CREMATION 236 DATE THEREOF REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, fown, or county)

(Stote)

RURTAT. 24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25o, REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

DATEJUL 5

arthur S. Huma

10 VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07240

226 DATE SIGNED June 26

ed with	(M)
E E	

ours after death. Page 4

ysician.

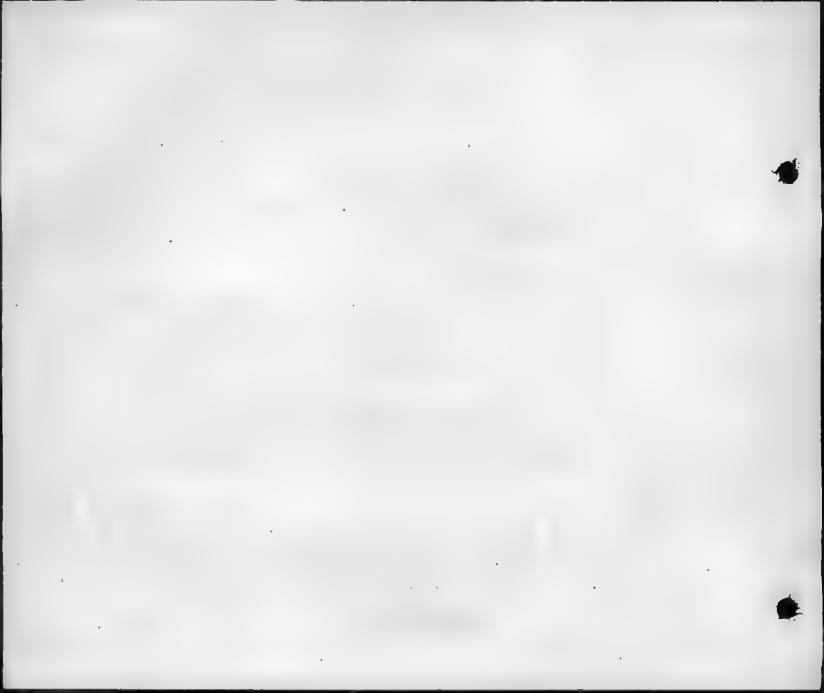
been signed by the attending physicion and completely filed in by the funeral directar,

transit permit. Then please remave carbon papers. Pages I and 2 should be filed with
ion, ar remaval, and in any event, within 72 hours after death.

low requires that the deoth certificate be

Prial final	1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Part II of item 18.)	YES
ficate the b	1 3	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (I EITHER, NOTIFY MEDICAL EXAMINER)	
this cert r use as	MEDICA	10 111110	ty)
Viter Viter ed fa priar		21 I certify that (1) (this haspital) attended the deceased fram May 23 161, to June 24, 1961,	
Sche		saw the deceased alive an June 24 19 61, and that death accurred at 90 M, from the causes and an the do	ate stated i
Hed det		220. SIGNATURE	22b
d be Second		MD. ATTENDING MED. DIRECTOR DIRECTOR STAFF	Jung
RAL DII should e Boord		NAME Type J. Walter Layman, M. D., Hagerstown, Maryland.	Bldg.,
State 3	2	30 BUR A., CREMATION 236 DATE THEREOF 23c NAME OF MATTER COUNTY) 23d LOCATION (City town, or county)	(Stote)
rad FUNERAL page 3 sho the State Br		Burial 6-27-61 Rose Hill Cemetery Hagerstown, Nd	•
- B	2	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAL SIGNAL ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAL ADDRESS 256. REC'D BY REGISTRAN ADDRESS 256. REC'D BY REC'D BY	TURE
R A15 [4] 5M 9/59		Scott F. Minnich & Son Hagerstown, Md. DATE JUN 21	

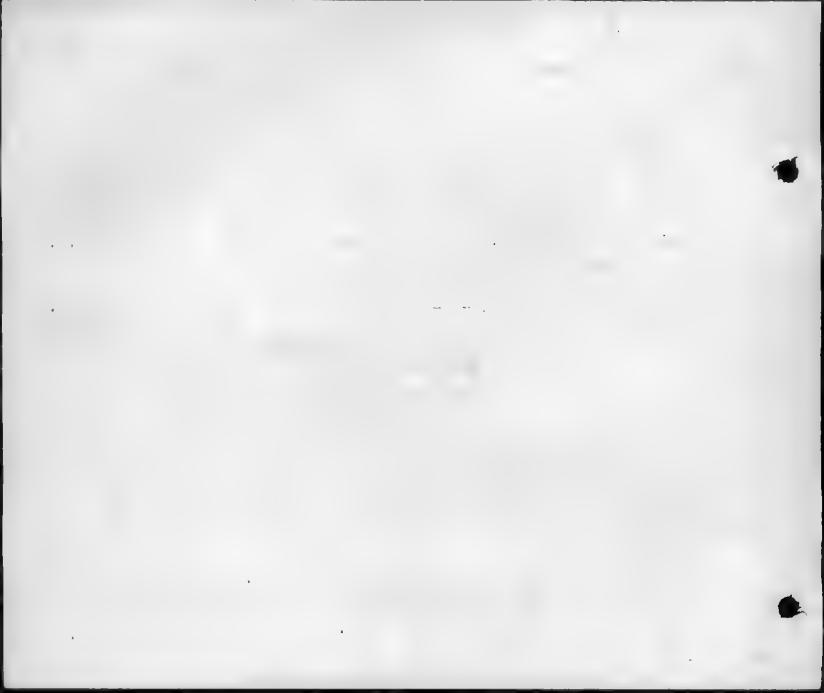
	PLACE OF DEATH COUNTY Wash	nington		м	ARYLAND	2. USUAL RESIDENCE 0. STATE Mary	e (Who	ere deceose	d lived. If institute b. COUNTY	on: Residence Wash			
_	b CITY OR TOWN (IF	outside corporate limits	, write	c LENGTH OF S	TAY IN 1b	c. CITY OR TOWN	l (If o	utside corpo	rote limits, write R	URAL ond gi	ve neares	it town)	_
	RURAL and give ne Hagers			30 3	vears	Ha	age	ersto	wn				
		AL (If not in haspital, giv	ve street	oddress)		d. STREET ADDRES						IS RESIDENCE	
	1827	Sheridan	ı Av	e.		1827	Si	nerid	lan Ave.			ES NO	
	NAME OF	First		Mi	iddle	Last		4. DATE	Man		Doy	Year	
	(Type or print)	011a	7	dictoria (1	Edwards		OF DEATH	June	21	4	19 6	51
5.	SEX	6 COLOR OR RACE	7. MARR	IED NEVER MA	ARRIED 🔲	8. DATE OF SIRTH			9. AGE (In years			UNDER 24 F	
	Female	White	W ₁ DOW8	DIVO	RCED 🔲	Jan. 21,	189	95	last birthday) 66 yrs	Manths	Days H	tours Mi	n
100	. USUAL OCCUPATIO	N (Give kind of work dring life, even if retired)	ne 10b	KIND OF BUSINE	SS OR INDUS	TRY 11 BIRTHPLACE (Stote o	or foreign o	ountry)	12, CITIZ	EN OF W	HAT COUNT	RY?
	Stitche		S	hoe Fac	ctory	Wood	dst	tock,	Va.				
13	FATHER'S NAME					14_ MOTHER'S MAID	EN N	AME					
	Hai	rvey Ho	offn	nan		Marga	are	et	Dunki	n			
	WAS DECEASED EVER	IN U S ARMED FORC		SOCIAL SECURITY	NO 17 IN	IFORMANT			Add	ress			_
(,,,	No	If yes, give wor or dates of ser	21	4-09-04	171 1	Mr. Rober	t]	E. Ed	lwards	liage:	rsto	wn, n	nd.
	18. CAUSE OF DEA	TH [Enter only one cau	se per li	ne for (o), (b), and	[(c).]						INTERV	'AL SETWEE	N
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Co	ırcinoma	tosis				Accord	ing to	hi	story	rs
	1 2,1	DUE TO									15	week	
	Canditions, if on		B_{I}	ochogen	ic car	ci noma					1 47	ween	0
	gove rise to in cause (o), stating t	nmediate Dur TO									1		
	lying cause last.	(c)											
Z O	PART II. OTH	ER SIGNIFICANT COND	ITIONS (ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMII	VAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	WAS AUTO	YSY
LE S												ES NO	
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	?0Ь. DEŞ(CRIBE HOW INJUR	RY OCCURRE	C (Enter noture of injur	ry in P	ort I ar Pai	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Year	20d. II While of wor	NJURY OCCURRED		ACE OF INJURY (Home, story, street, office bldg			y or town)	(C	ounty)	(5)	tote)
	21 I certify that	(1) (this haspital)	attena	led the decea	sed fram	May 23	. 19	1ta_	June 24	19.6.	1, that	(1) (we)	ast
	saw the decease	ed-alive an Ju	ne	4 19 61	and that d	eath accurred at							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

7253 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY a STATE WASHINGTON **b.** COUNTY MARYLAND WASHINGTON b. CITY OR TOWN (If auts de carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) HAGERSTOWN LIFE d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? WASHINGTON 213 JEFFERSON COUNTY YES TO NO TO HOSPITAL First Middle Lost 4. DATE Month Year DECEASED DEATH (Type or print) TREEF CLYDE. FRNDE 19 THNE IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours DIVORCED | \mathtt{MALE} WIDOWED TX 725 10g. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) II.S.A 14 MOTHER'S MAIDEN NAME 33 FATHER'S NAME LEWIS ERNDE EMMA TRACEY WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address NC MISS MAXINE ERNDE 214-09-4725 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if any, which (6) gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🖪 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while at work at work 21 1 certify that (1) (this haspital) attended the deceased from. I and that death occurred at M. from the causes and an the date stated above. saw the deceased plive an 22a SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR M D PHYS CIANS 22d, ADDRESS W. Washington St. Philip J. Hirshman, M.D. Hagerstown Maryland 23b DATE THEREOF 236 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (Stafe) BURIAT. ROSE HAGER STOWN
REGISTRAR'S SIGNATURED 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a REC'D BY REGISTRAR

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0	e e	II.	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	c. The certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director for any page 1, 2, and 3 to the full director.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. Dist. No. 7243

1,	I. PLACE OF DEATH o. CQUNTY				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					
	" snin			MARYLAND	*SMI Trand Estimeton					
П	 b. CiTY OR TOWN (If and give πeatest town) 	outside corporate limits,	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Hagerstown 3 Days				63 Haser	stown				
1				pital, give street address)	d. STREET ADDRESS				e, IS	RESIDENCE
L		ton Cour	iti Ho	spitul	106 Par	ke La	ne			□ NOXI
3.	NAME OF DECEASED		First	Middle	Last	4. DATE	Mor		Day	Year
	(Type or print)	LARGARE!		LOUISE	EWALD	DEATH	June 1	16 196	1	19
5.	SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
	Ferale	Thi te	WIDOWED		lly 18 189		66 yn		loys Hour	m Min.
10	s. USUAL OCCUPATIO	N (Give kind of wo	rk done 10b, K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stot	or foreign c	ountry) 📖 🐧 .	12. CITIZI	EN OF WHA	AT COUNTRY?
¥:	one Serv	ice Dep	t P.E.	C, Retired	it Savage	Alle	ganey (lo	USA	
13	FATHER'S NAME				14. MOTHER'S MAIDEN			·····		
	Tilliam				Sarah	Kinn	el			
15 (Y4	. WAS DECEASED EVE	R IN U. S. ARMED	FORCES? 16. S		FORMANT		Addre			
L	No			LO-5502 Eu	wrd Ewald	8 _± F	rost A	re		
	18. CAUSE OF DEAT	H [Enter only one	couse per line f	or (o), (b), and (c).	rostourg	AssQL 4			INTERVAL BET	WEEN DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) I Co terrel distinct Os & larest tiple 4- do v.C									
L	830X DUE TO									
	Conditions, it ony, which) to rele fracture of fracture of lept									
	(a) station the materialist DUE TO									
	couse lost. (c) fluir - (Complete Franculuse)									
Z	PART 11. OTH	ER SIGNIFICANT CO	NDITIONS CO	NTR BUTING TO DEATH BUT N	OT RELATED TO THE TERA	INAL DISEAS	CONDITION G	IVEN IN PART	1(a) 19. WA	S AUTOPSY
CATION									YES [FORMED?
	20g. EXTERNAL CAU	SE WAS	20b. DESCRIBE	HOW INJURY OCCURRED (E	nter noture of injury in Po	rt F or Port II	of item 18.)			
CERTIF	CAUSE OF DEATH.	IKIBUTING []	II njus	red when p	Texto bock.	ed oc	ier- he	7		
MEDICAL	20c. TIME OF INJUR	Y Month, Doy.	fear 20d. In	HURY OCCURRED 200. PLAC	E OF INJURY (Home, for	m. 20f. (City	or town)	(Count	ty)	(Stote)
WED	Hours own.	June B.	961 of wor	k of work 220	ry, street, office bldg., etc.	A House	ers tours	wa.	sh	Md
	21. I certify the	at I toak char	ge of the re	emains described above	re, held an Autap	sy D. Ir	spection [-	Inquiry	-and	d find that
	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause									
	ACTUAL SIGNATURE	Bevarl in	1 19/19	Ho-1113	M.D. CHIEF MEDICAL E	XAMINER [7]			DAT	E SIGNED
	SIGNATURE	-50,00-5-2	7. 00 77	7 4 1 3	ASSISTANT MEDIC		R 🗂			
L	EXAMINER'S NAME (Type)	dward W	. Ditt	o 111, M. D	A COUPLY MEDICAL	EXAMINER 1	3		6/1	6/61
220	BURIAL, CREMATION	22b. DATE THER	EOF	22c. NAME OF CEMETERY OR		1	TION (City, town,		1Q SI	ote)
	Buri 1	6/18/6	1 1	t Lavage i.e.					nev	Α.
23.	FUNERAL DIRECTORY			ADDRESS		'D BY REGIST		ISTRAR'S SIGN	NATURE	
	Andrew "	· Collu	n H	Andrew . Collan H elitornia. DATSUN 20'61 Chilling A. Kinna						



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MARYLAND STATE DEPARTMENT OF HEALTH

ORE 1, MARYLAND

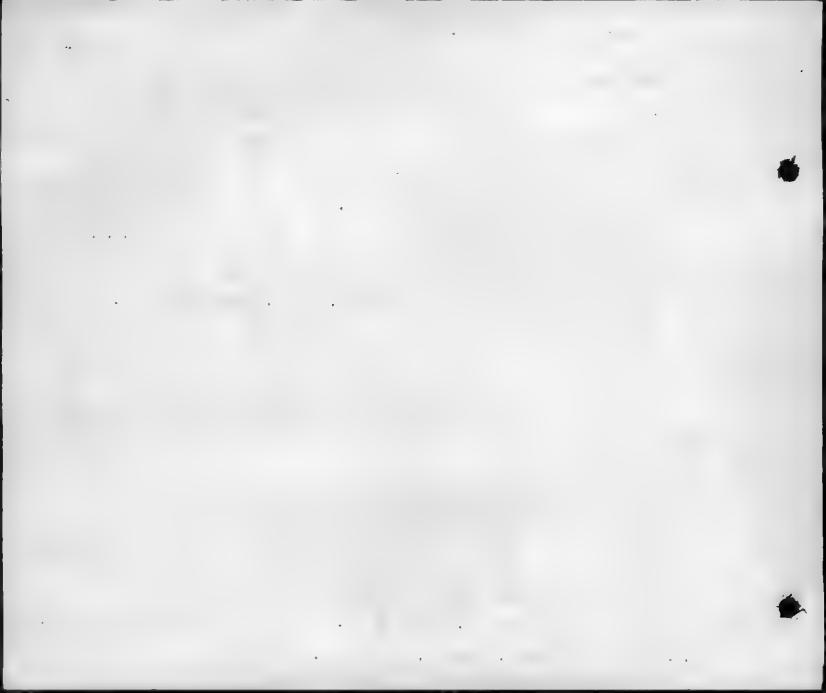
AIZION	OF	STATISTICAL	RESEARCH	AND	RECOR	DS	BALTIM
		CE	RTIFIC	ATE	OF	DE/	ATH

JA	IE OF DEATH	21.1
ND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before STATE b. COUNTY derick	ore admission)
1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no	arest town)
	Point of Rocks 10 >	-
	d. STREET ADDRESS	e IS RESIDENCE ON A FARM2
	Point of Rooks	VES TO NO 4

PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When STATE Maryland	re deceased lived. If m b. CQL		before admission)		
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF out	tside corporate limits, w	rite RURAL and giv	re nearest town)		
RURAL and give riearest town) Hagerstown	9 Days	Point of Re	neks	10	X .		
d NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	00110		e IS RESIDENCE		
Western Maryland State Hosp	pital	Point of Ro	cks		YES NO		
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Yeor		
(Type or print) HELE		FORD		KINE 2.	8, 1961		
S SEX 6 COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9 AGE (In)	loy) Months D	YEAR IF UNDER 24 HRS		
Female White widowi	ED DIVORCED	Sept. 2,1924	36 birtho	yrs.	loys Hours Min		
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired) Housewife	KIND OF BUSINESS OR INDUS	Point of Ro			EN OF WHAT COUNTRY? • A •		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
Qiuncy Lowery		Lena Dean					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. IP	FORMANT		Address			
(If yes, give war or dotes of service)	Unk Jar	mes S.Ford,Sr.	Adamstown, M	aryland.			
1B. CAUSE OF DEATH [Enter only one couse per fir	ne for (o), (b), and (c).)				INTERVAL BETWEEN		
PART 1. DEATH WAS CAUSED BY: MARCHINE M		5 min					
DUE TO	~	y hemoreh					
Conditions, if ony, which) (b)	PulmonaRy	metastasi	ى:		unknown		
gove rise to immediate DUE TO							
lying couse tost.	acernoma o	of cervix			3 years		
PART II. OTHER SIGNIFICANT CONDITIONS C			AL DISEASE CONDITION	GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?		
3 (1) Hydrone phrosis					YES NO		
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. While of worl	Not while foo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Ca	unty) (Stole)		
21. I certify that (i) (this hospital) attend	led the deceased frams	JUNE 19, 196	1. ta June 3	8 , 196/	, that (I) (we) last		
saw the deceased alive an JUNE 24							
22o. SIGNATURE	4	P			22b, DATE		
Victor	L. Kames,	M.D PHYS DIRE	CTOR D STAFF		1411 29, 196		
	Ramos; m.	22d ADDRESS West	tern maryla	nd State	Hospital		
23a. BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	- tr	23d LOCATION (City In	7	(Stote)		
Burial July 3.1961	St.Pauls Ceme		Point of Ro	. , ,	Maryland.		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 25b	REGISTRAR'S S Gh	NATURE		
M.R.Etchison & Son, 166 E.C	hurch St.Frede	rick, Md. DATE	11. 3 '61	Circles &	True		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. Then pleas the State Board of Health priar to burial, crematian, or removal, and in any

VR A1S (4) 15M 9/S9



RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 7 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **b.** COUNTY Washington Washington by the fand 2 s death. MARYLAND b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, we'ta RURAL and give neerast town) write RURAL and give nearest town) Hagerstown 45 years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 128 W. Franklin Street 428 W. Franklin Street YES NOT 3. NAME OF Middle Year DECEASED FOREMAN. JR. ABRAHAM FREDERICK 1961 June (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | last birthday] Months Days male February 26, 1894 WIDOWED [DIVORCED TO 67 10e. USUAL OCCUPATION (Give kind of work гетоув 10b. KIND OF BUSINESS OR INDUSTRY BIRTHP, ACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Shady Grove, Pennsylvania U.S.A. Ret. Construction worker Contractor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Abraham Frederick, Foreman, Sr. Cornelia Loy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 17. INFORMANT Ad dress [Yes, no, or unkown] (Ifyesquewar or dates of service) 217-10-3439 Mrs. Winona Ridenour Hagerstown. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one capets par i.na for .a], (b,, and (c).] Carenomy (Rt Lung ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate ceuse DUE TO [a], stating the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED' 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Part I or Part I of item 18.) 20a, ACCIDENT WAS UNDERLYING FT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED . 20a. PLACE OF INJURY (Homa, farm, 20f. City or town) (County) factory, strael, office bldg., etc.) Whila Not While Hour a.m. et work at work 21. I certify that (1) (this haspital) attended the deceased from 126 19.6/ that (I) (we) last I, and that death occured at 9. Att, from the causes and on the date stated above. Men 22 1960 saw the deceased alive on. 22b, DATE DIRECTOR PHYS. PHYS. M.D. 22d. ADDRES ector, filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county Cedar Hill Cemetery Greencastle Buri al Suter Rouzer Funeral Home ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Hagerstown, Md. 15M 9/60 DATEJUN 2 8 '61 arthur & Kraug

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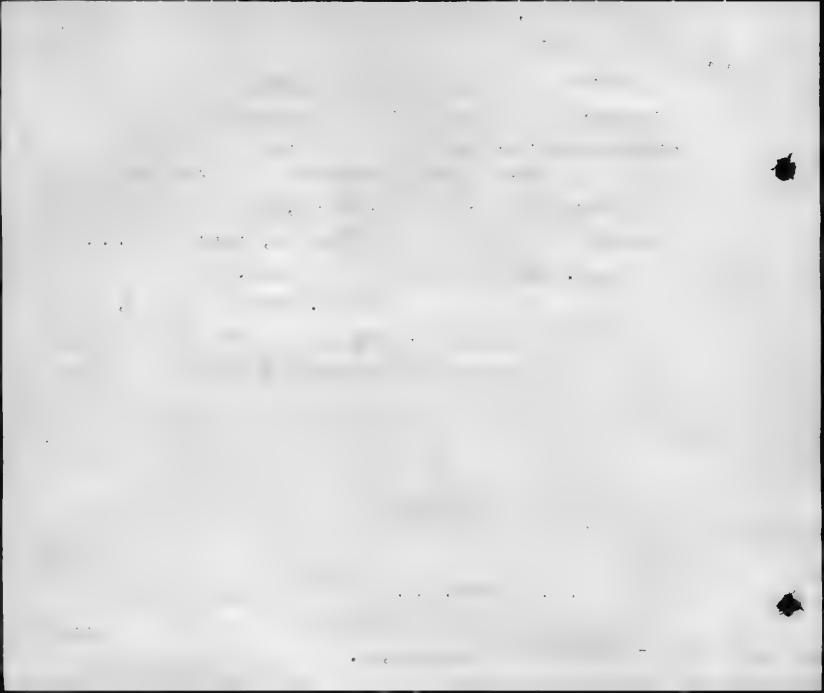
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIEICATE OF DEATH

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	7254	CERTIFICA	IE OF DEATH		0 1240
	PLACE OF DEATH D. COUNTY A Shington D. CITY OR TOWN (If outs de carporate limits, write	MARYLAND	2 USUAL RESIDENCE (Who s. STATE Maryland	P**COAI	itution: Residence before admission)
ŧ	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, wri	te RURAL and give nearest town)
_H	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	Life	Hancock		ie periophics
	OR INSTITUTION West Tigh Street	2001 e22)	d. STREET ADDRESS West High	Street !	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Annie	Louise	French	4. DATE OF DEATH	Manth Day Year 6 25 19 6]
	Female White WIDOWE	DIVORCED	8. DATE OF BIRTH 9/25/1874		ors IF UNDER 1 YEAR IF UNDER 24 HR (Y) Months Days Hours Min
10a.	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTR
	Housewife FATHER'S NAME		Big Pool	Maryland	U.S.A.
	William Manning			tto	
15.		SOCIAL SECURITY NO. 17. 8	NFORMANT	<u> </u>	Address
	No	N	rs. Gent J	ohnson B	dg Pool. Md.
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO	e for (a), (b), and (c), b cute face	sine Hea	t Foil	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which (b)	ente lingo	cardial	Infere	lin 8 hrs
	cause (a), stating the under lying cause last.	teriore	levotre to	Bart D	ine 15 yes.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition	GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES NO P
ᄀ	200 ACCIDENT WAS UNDERLYING (1) 20b. DESC OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I ar Part II af item 18	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, IN Hour a.m. 19 While at work	Not while for	ACE OF INJURY (Hame, form, ctary, street, office bldg., etc.	20F (City ar town)	(County) (Stat
	21 1 certify that (1) (this hospital) attends saw the deceased olive an 6-25	<i>P</i> 1	910-	0	ond on the date stated above
	FB. Thomas I	7 20 1.	ATTENDING ME		22b DATE
	22c PHYS CIANS NAME (Type) F. B. THOMAS	THE M.D.	22d. ADDRESS	COCK	Md,
2 3a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tax	vn, ar county) (State)
	Burial 6/28/61	Shanks Tow		Shank Tor	n Md.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	DATEUN	0.0.104	edistrar's signature
13	The the	NEVELLE	NAME OF THE PARTY		A. / MANUE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY **b.** COUNTY Washington Washington by the MARYLAND Maryland b. CITY OR TOWN (f outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN, If outside corporete limits, write RURAL and give neerest town) wr ta RURAL and give neerest town) most of life Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 36 Broadway YES NO Jackson Convalescent Hospital 3. NAME OF M.ddle 4. DATE DECEASED DOTTH AMAIA FUNKHOUSER DEATH 61 (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) October 14, 1876 Femal. 10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if retired)
Housewife Winchester, Virginia 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME ease Then please Zera V. G. ay Marcus J. Snapp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Hagerstown, Maryland George D. Funkhouser the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per the for (a) (b) and (c).) 3 weeks IMMEDIATE CAUSE (Cerebral thrombosis (b) Hypertensive cardiovascular disease Indefinite geve rise to immediate causa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I. .) 19. WAS AUTOPSY PERFORMED? certifical 2 0 r use 20b DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Part I or Part II of Item 18) 20a. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING _ CAUSE OF DEATH hed for lealth pr (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (Cify or lown) Month, Dey, Year Not While fectory, street, office bldg., etc.) While Hour n.m. et work et work 6/7/61 SIGNED ATTENDING 22e SIGNATURE DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S West Washington Street NAME (Type) Kneisley. Hagerstown, Maryland
123d. LOCATION (City, fown or county) 1 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) 8058 Rest Haven Cemetery Maryland Hagerstown H 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE Suter - Rouzer Funeral Home ADDRESS VR A15 (4) Hagerstewn, Md. 15M 9/60 DATE JUN 1 2 '61 - Cotton & Huma



15M 9/60

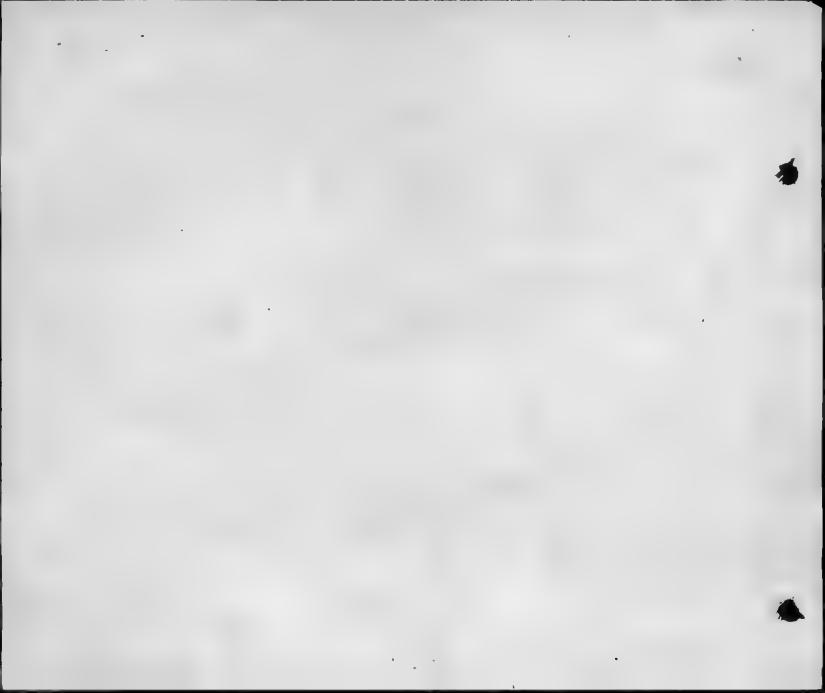
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

C7248

Л		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I'ved, If institution: Residence before admis	ision)
/		" shington MARYLAND	a. STATE b. COUNTY Mashington	
		b. CITY OR TOWN (if outside corporete m.ts, c. LENGTH OF STAY N 16	c. CITY OR TOWN (If outside corporate I m is, write RURAL and give naarest town)	
		write RURAL and give neerast town) Hagenstown 6 Hrs	A . He manatawa	
	_		hugerstown	1100
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDE ON A FA	
1		"ash County Hospital	901 Chestnut St YES NO	1
		NAME OF First Middle	Last 4. DATE Month Day Yeer	
		OCCEASED (Type or print) DAVID ALBERT G	OSSARD DEATH June 19 1961 19	
	-5		DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 I	MPS
		MARKIED A BEYER MARKIED	lest birthdey)	līn.
			arch 22 1877 84 yrs. Months Day's Hours M	
		. JSUAL OCCUPATION (Give kind of work and of work and during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or fore prountry) 12. CITIZEN OF WHAT COUNTY	NTRY?
		ahorer Hag pairy Co	Welsh Run Franklin co USA	
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
		Theadore Gossard	Josephene Burnes	
-}	15	12		west
/		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III s, no, or unknown) (Ifyesg vewarordatesofservica)		
	7/	o 214-09-2837 Lr	s Lyrtle L. Gossard 901 Chestnut S	t
		1B. CAUSE OF DEATH [Enter any one cause per line for (a), (b), and (c).	Ha eratown L.d. Interval Betwee	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Care	on crelusin show	
		1201 DUE TO	the end of	
		Conditions, if any, which geva risa to immediate causa	iteruscleroni Unten	_
		NIIC TO		
		cause lest. (c) Crement 1	Atheroselenskie Unfor	
	ᇙ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DATH BUT NO	T RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	
	Ĭ		YES TI NO	
	E S	200. ACCIDENT WAS UNDERLYING TO 1 206. DESCRIBE HOW INJURY OCCURED.	(Enter netura of injury in Part I or Part II of itam 18.)	
	CERTIFICATION	OR CONTRIBUTING (*) CAUSE OF DEATH (HE EITHER, NOTIFY MEDICAL EXAMINER)		
	1 1		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stet	
	MEDICAL		ory, streat, office bldg., etc.)	0,
	₩E	p.m. 19 et work et work		
		21. I certify that (I) (this hospital) attended the deceased from 5	74 1) 1957 to bear 19 196, that (1) (we)) last
		saw the deceased alive on June 19 1961, and that	death occured a	oove.
		228. S.GNATURE	22b. Da	ATE
		X 4 (1 N. 1)	DING A PROTON DING	CKIED
ŧ		22c. PHYSICIAN'S	22d. ADDRESS	<u>e_ </u>
		NAME (Type)		
	_			
	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C		
		Buri 1 6/21/61 Rest H ven	Cenetery Hagerstown Wash cold	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	A	ndrew K. Coffm n Hagerstown Ia.	DATELIN 2.2 161 Outland S. Kraus	
76	I		The state of the s	



Doys

(County)

USA

e. IS RESIDENCE

ON A FARM?

YES 🔲 NO 🇖

Yeor

19

Hours

INTERVAL BETWEEN

PERFORMED?

YES 🗍 NO 🗓

, that (I) (wet last

Maryland

(State)

7260 with directar PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE **b** COUNTY Washington Washington Md. MARYLAND the funeral shauld be fil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural - Smithsburg Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Western Maryland State Hospital RD # 7 2 .⊑ NAME OF Middle 4. DATE Month DECEASED ed DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years campletely Cast birthdoy) White Months Female Jan. WIDOWED IN DIVORCED [7] papers. 10a, USDAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired)
ROUSEWLIE Maryland and carban hin 72 h 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME g physician remave cark William Hahn Harriett Bostic with WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANT Address event, Unknown Robert C. Hahn. Greensburg. Md. No attending please CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Sigmoid colon with PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) the DUE TO é Ė Conditions, if ony, which (b) been signed gave rise to immediate Ped DUE TO cause (a), stating the under**burial-transit** lying couse lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, has 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d INJURY OCCURRED Doy. foctory, street, office bldg., etc.) a. m. While Not while of work of work 21 | certify that (1) (this hospital) attended the deceased from Z ed M, from the couses and on the date stated above saw the deceased alive op and that death occurred of MINICTUR 22º SIGNATURE ATTENDING PHYS MED DIRECTOR [PHYS Board 22c. PHYSICIAN'S 22d. ADDRESS О NAME (Type 236 DATE THEREOF BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 238/ LOCATION (City, town, or county) AL (Specify) Cascade Bethel Cemetery 2 **ADDRESS** 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERA DIRECTOR'S SIGNATURE Waynesboro, Penna. DATEJUN 2 8 '61 arthur S. Henry

that the attenaling

ofter death. Page

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07250

		14 0				
1.	PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) harpsburg 82 yrs.	c CITY OR TOWN (If auside carporate limits, write RURAL and give nearest tawn) Sharpsburg				
	d NAME OF HOSPITAL (If not in hospital, give street address) 201 S. Mechanic Street	d. STREET ADDRESS on A FARM? 201 S. Piechanic Street ves \(\text{NO} \)				
	NAME OF DECEASED (Type or print) Annetta Moreland Glo	Last 4. DATE Manth Day Year				
	Female 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH Nov. 9 1878 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 82 yrs 6 2 Pays Hours Min.				
10c	during most of working life, even if retired) HOUSEWIFE TOME	STRY 11. SIRTHPLACE (State or foreign country) Sharpsburg Md. 12. CITIZEN OF WHAT COUNTRY U. S. A				
13.	Pather's NAME David Gloss	Sarah Hagenberger				
15 Ye	and the state of t	nformant 2015. Mechanic Str. Charles F. Gross Sharpsburg Nd.				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost. (c)	arten-sclerors 7ears-				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO F ED. (Enter nature of injury in Port 1 or Port II of Item 18.)				
MEDICAL CERT		LACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State octary, street, office bldg., etc.)				
	21 I certify that (I) (this haspital) attended the deceased fram.	death accurred a A. M. from the causes and an the date stated above				
	22c. PHYSICIAN'S NAME (Type) JOSEPH SECONDARI	M.D. PHYS DIRECTOR STAFF PHYS. D 22d. ADDRESS BOONS BORD Md				
23e	BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY CONTROL VIEW C					
24	FUNERAL DIRECTOR'S SIGNATURE Williamskest 1	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE				

VR A15 (4) 1SM 9/59



VR A15 (4) 15M 9/59

7262

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH		2. USUAL RESIDENCE (Where decease		ence before admission)
o county ashington	MARYLAND	Maryland i	Mashington	
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and	give nearest town)
Hagerstown	10 Hrs	Hagerstow	n O	3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	spital	412 Brookline	Ave	YES NO X
3. NAME OF Carl First Vi	lliam Middle Gu	essior Sr 4. DATE	Month	Day Year
(Type or print) CARL V	VILLIAM Sa.	GUESSFORD DEAT	2011	26 1961
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (n years IF UNDE	Doys Hours Min.
Male White WIDOW	VED DIVORCED	Nov 12 1896	64 yrs.	Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDL	ISTRY 11 BIRTHPLACE (State or foreign	country) 12. CI	TIZEN OF WHAT COUNTRY?
	ester-Long	Hagerstown Wa	sh co Md.	USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
Robert LeeGuessfor	rd	Sarah Everh	art	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT	Address	
[IF yes, give war or dates of service]	3-24-8777 hr	s Wilda G. Gues	sford 412 B	rookline Ave
1B. CAUSE OF DEATH [Enter only one couse per-	line for (a), (b), and (c)	Hagers		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Loular	Preumou,	,	Untonown
IMMEDIATE CAUSE (o) DUE TO		1		
Conditions, if any, which)	Carcinon	in of Ton	auc	114 months
gave rise to immediate (1	
couse (a), stating the under- lying couse lost.				
	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PA	ART 1(a) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
E 20a. ACCIDENT WAS UNDERLYING 1 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or P	ort II of item 1B.)	
20a. ACCIDENT WAS UNDERLYING (20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
S 20c. TIME OF INJURY Month, Doy, Year 20d.		LACE OF INJURY (Home, form, 20f (C	ty or town)	(County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. Hour a.m. 19 Whill	e Nat while to	octory, street, office bldg , etc.)		
		6-26- 1061 10	6-26 19	CL, that (1) (-) last
21 I certify that (I) (this hespital) after saw the deceased alive on 6-2-6	T 10//	death accurred at 1/2%, from		
saw the deceased alive on 22g, SIGNATURE	17 <u>62.</u> , and mor	dearn accurred diszapini, Irui	n the coeses ond on it	22b. DATE
Antonia U. Tall	agro.	M.D. ATTENDING MED. DIRECTOR	STAFF & Jus	ne 27, 1961
22c PHYSICIAN'S		22d ADDRESS		
ANTONIO U. PALLI	96-ROSI	1500 PENINA	AVE HAGER	STOWN 191
230. BURIAL, CREMAT ON 236. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY 23d LOC	ATION (City, town, or county	r) (State)
Burial 6/29/61	Gedar Lawn	Lem. Gardens H.	agerstown "	sh Co lud.
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REG		SIGNATURE
Andrew K. Coffman H.	agerstown lid	DATE JUN 2	9 '61 Cirlling	S. Thomas



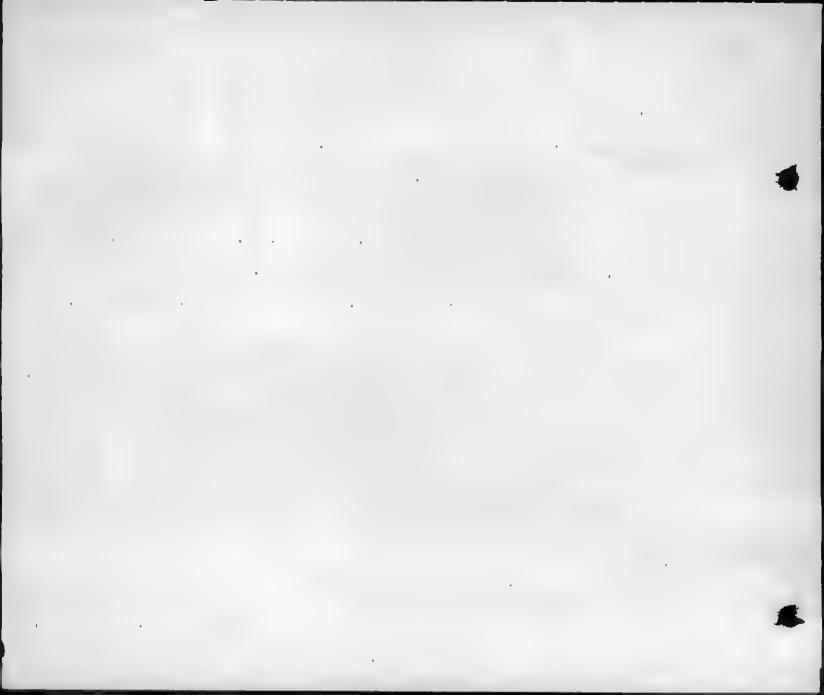
VR A15 (4) 15M 9/59

7263

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07252

1. PLACE OF DEATH
Hagerstown A NAME OF HOSPITAL (If not in hospital, give street oddress) A STREET ADDRESS A STREET ADD
d. STREET ADDRESS Washington County Hospital A MAME OF HOSPITAL (If not in hospital) A May ashington County Hospital A Middle C. Guessford Guessford C. Guessford A DATE OF DEATH June 7 MARRIED No D No D SEX 6. COLOR OR RACE Multon White Widowed DIVORCED DIVORCED 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 13. FATHER'S NAME Samuel J. Guessford 14. MOTHER'S MAIDEN NAME Samuel J. Guessford 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 176. No. or makenish of iff yee, yew as of date of service) Potomac Edison Co. Welsh Run, Pa. 14. MOTHER'S MAIDEN NAME Samuel Samuel J. Guessford 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO 18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Line tropical and the services of the services
Washington County Hospital R.D.1 Hagerstown YES No D 3 NAME OF DECEASED First Middle Lost 4. DATE Month Day Year 1961 5 SEX 6. COLOR OR RACE 7. MARRIED DIVORCED 12/4/1896 9. AGE (in years If UNDER 1 YEAR IF UNDER 24 HB Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR during most of working life, even if refered Potomac Edison Co. Welsh Run, Pa. U.S.A. 13. FATHER'S NAME Samuel J. Guessford Minerva E. Shaffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Months Mon
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 12/4/1896 13/4/1896 14/1896 14/1896 14/1896 15/4/1896 16/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4 18/4
Type or print John C. Guessford DEATH June 27 1961
male white widowed Divorced 12/4/1896 64 yrs. Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor (Retired) Potomac Edison Co. Welsh Run, Pa. U.S.A. 13. FATHER'S NAME Samuel J. Guessford Minerva E. Shaffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No. of whenown in the part of dates of service 220—10—3993 Mrs. Harry W. Carbaugh Smithsburg, Md. R.D. 18. CAUSE OF DEATH [Enter only one course per line for (c), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure Conditions, if any, which gave rise to immediate course (b) Artorics of the part of the course (c), staling the under-
male white widowed Divorced 12/4/1896 64 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Dib KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR during most of working life, even if refired) Potomac Edison Co. Welsh Run, Pa. U.S.A. 13. FATHER'S NAME Minerva E. Shaffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Minerva E. Shaffer 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (b), staling the under-
Labor (Retired) Potomac Edison Co. Welsh Run, Pa. 13. FATHER'S NAME Samuel J. Guessford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSE (a) Welsh Run, Pa. 14. MOTHER'S MAIDEN NAME Minerva E. Shaffer 17. INFORMANT Address Mrs. Harry W. Carbaugh Smithsburg, Md. R.D. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH Conditions, if any, which gave rise to immediate couse (a), stating the under. DUE TO DUE TO DUE TO DUE TO
Labor (Retired) Potomac Edison Co. Welsh Run, Pa. 13. FATHER'S NAME Samuel J. Guessford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Nrs. Harry W. Carbaugh Smithsburg, Md. R.D. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under. DUE TO DUE TO DUE TO DUE TO
Samuel J. Guessford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart Fallure Conditions, if any, which gave rise to immediate couse (b) Artorics of the Couse (a), stating the under. DUE TO Minerva E. Shaffer Address Mrs. Harry W. Carbaugh Smithsburg, Md. R.D. INTERVAL BETWEEN ONSET AND DEATH 2 Days Due TO Conditions, if any, which gave rise to immediate couse (b), stating the under. Due TO Due TO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [If yes, give were or doller of service] 220-10-3993 Mrs. Harry W. Carbaugh Smithsburg, Md. R.D. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Iteart Failure Conditions, if any, which gave rise to immediate couse (a) Arterice of the Couse (b), stating the under. DUE TO DUE TO DUE TO
(If yes, gave were or dollm of service) 220-10-3993 Mrs. Harry W. Carbaugh Smithsburg, Md. R.D.
no 220-10-3993 Mrs. Harry W. Carbaugh Smithsburg, Md. R.D. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)
Heart Failure 2 Days 4 2 Due to Conditions, if any, which gave rise to immediate couse (a). Stating the under Due to Due to Due to Due to Due to
Conditions, if any, which gave rise to immediate couse (a), stating the under-
gave rise to immediate couse (a), stating the under. DUE TO
gave rise to immediate couse (a), stating the <u>under</u> . DUE TO
Indian according to
, (1)
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
YES NO
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER;
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work o
21. I certify that (I) (this haspital) attended the deceased from
saw the deceased alive an 19 , and that death accurred at/25M, from the causes and an the date stated above
220 SIGNATURE 22b DATE
M.D. PHYS MED. STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR
22c. PHYSICIAN'S CIDENTIAN DE TIDES 25 DE 22d. ADDRESS.
NAME (Type) S. I. P. I.E., I. D. D. T. T. D. R. J.
230 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
Burial Specify 6/30/61 Welsh Run Brethern Hercersburg Pa. R.D.3 Pa.
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Katte y From Waynesboro, Pa. DATE WIL 3 161 CILLING & Kings



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 4 COUNTY b. COUNTY Washington by the and 2 death, Latyland Washing ton MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 þ write RURAL and give nearest fown) papers. Pages I n 72 hours after Hagerstown Davs Hagerstown Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS artin Manor Nursing Home 903 woodland tely 3. NAME OF 4. DATE DECEASED OF comple (Typa or print) DEATH June 1 JAMES physician and core remove carbon 6 COLOR OR RACE TO MARRIED NEVER MARRIED 5 5EX 8 DATE OF B.RTH AGE (In years I IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months DIVORCED is.le WIDOWED [Nov 1 10b, KIND OF BUSINESS OR INDUSTRY 11 B. STHPLACE (County & State, or fora she gountry) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) Refrigeration Ladiesburg Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Augusta Bierley James A. Hahn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyas give war or dates of sarvica) Greager Hahn 903, Woodland Mrs Laude 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate has been signer use as the burial-fransit prior to burial, cremation 15 () [] DUE TO Conditions, if any, which (b) gave rise to immadiate couse DUE TO (a), stating the underlying cause last. PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) Month, Day, Year Not While factory, street, offica bldg., atc.) Whila Hour a.m. at work at work may be retaine DIRECTOR: 22a. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. FUNERAL MD. 22c. PHYSIC AN'S 22d. ADDRESS Hagerstown. NAME (Typa) Howard Potomac St. Maryland 136 N. TO FUNE director, t 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Have. Cemetery Hagerstown Wash Buria ADDRESS 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Coffnan Hagerstown ad.

a. IS RESIDENCE

YES NOT

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Hours

INTERVAL BETWEEN ONSEL AND DIKATH

Luste

PERFORMED? NO

(Slata)

DATE

(Stata)

arthur & Krous

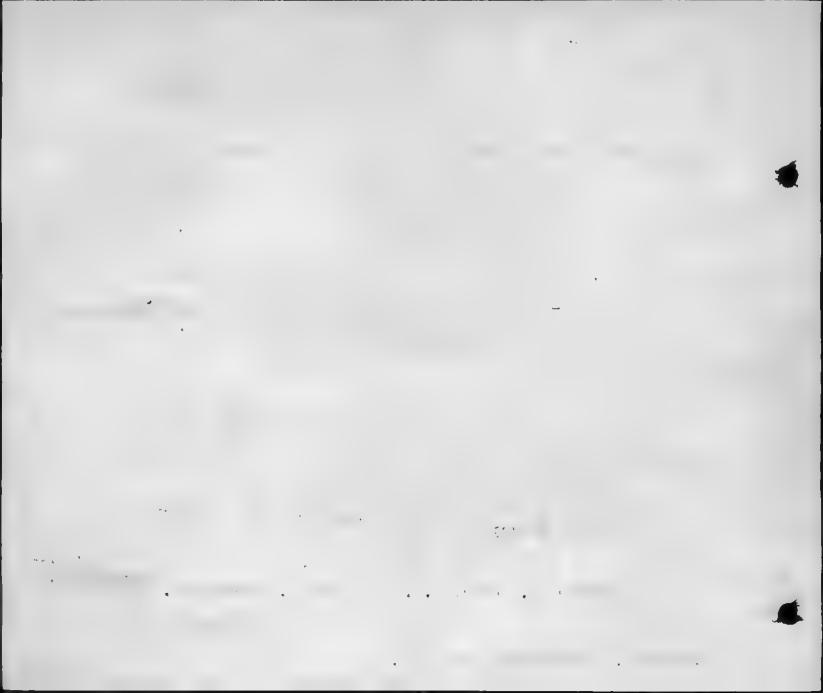
SIGNED

Days

IISA

ON A FARM?

VR A15 (4) 15M 9/60



VS A15 (4) 15M 9/58

I hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7265	CERTIFICA	ATE OF DEATH		Re	eg. Dist. No.	254
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who state Maryland	l l	. COUNTY	Residence before	2
b. CITY OR TOWN (If autside carparate limits, write c. RURAL and give hearest town) Hagerstown	8 hours	c CITY OR TOWN (IF o			L and give neare	est town)
d NAME OF HOSPITAL (If not in hospital, give street odd or institution Rashington Co. Hosp	ŕ	d STREET ADDRESS Route #	1		8	IS RESIDENCE ON A FARM? YES NO
		SHMAN	4. DATE OF DEATH	Month June	Day 9	Yeor 19 61
female White widowed	_	s. date of sirth Feb. 6, 189	lost		UNDER 1 YEAR IF	Hours Min
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIN during mast of warking life, even if retired) 10BEWITE OWN		Frederic	k Co. M		U.S.	
Cyrus Blickenstaff		Flora Pal				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service)		. Frank Har	shman,	Address Myers v	111e,	Md.
18. CAUSE OF DEATH [Enter only one cause per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.	ronary (ercosclorot	Occlusio .c CU Mellitus	ЭД D.		INTER ONSET	YAL BETWEEN T AND DEATH 2 Hrs.
PART II OTHER SIGNIFICANT CONDITIONS CON 200 ACCIDENT WAS UNDERLYING 20b. DESCRIE OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER;						WAS AUTOPSY PERFORMED? YES NO []
		D. (Enter nature of injury in P				
20c. TIME OF INJURY Month, Day, Year 20d. INJU While at wark	_ Nat white for	ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.)			(County)	(State
21. I certify that I attended the deceased alive an 19 0	, and that death	19.5 6, to accurred at 7:05P	6 - 9 M, fram the co ADDRESS (Street, ci M, + h S	auses and a		the decease stated above DATE SIGNE
PHYSICIAN'S NAME (Type) Charles / 220. BURIAL, CREMATION. 22b. DATE THEREOF 2	C S S	R CREMATORY	22d. LOCATION (City, town, or cr	ounty)	(State)
	Grossnickl		r.Myers		Fred C	o.Md.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	1	Lug & Heat	



TO FIGURAL OR ATTENDING THYSICIAN: The law requires that the deall certificate be within 24 hours after \$\frac{1}{2} \in \text{A} \text{c.i.}\$. Page 4 may be retained by the hospital or attending physician.

\(\frac{1}{2} \in \text{A} \text{CINERAL DIRECTOR:} \) After this certificate has been signed by the attending physician and \(\text{A} \text{c.i.} \) they filled in by the funeral of director, page 3 should be datached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyest, within 72 hours after death.

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5.

10a do

13.

15. [Y#

MEDICAL CERTIFICATION

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MARYLANI	STATE DEPARTMEN	T OF HEALTH		
DIVISION OF STATISTICAL RESEARCH A	ND RECORDS, 301 W. PRI		LTIMORE 1, MARYLA	ND
VAUU CE	RTIFICATE OF DE	AIN	0.7	255
PLACE OF DEATH	2. USUAL RES			efore edm.ssion)
Washington	MARYLAND . MARYLAND	land Tash	ington	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TH OF STAY IN 16 C. CTY OR T	OWN (If outside corporate l'i	m ts, write RURAL and give near	est town)
Hage stown		Hagerstown		
d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give	street address) d. STREET AD	DRESS		ON A FARM?
1708 Crest Drive	1708	Crest Drive	Y	ES NO
NAME OF First	Middle Last	4. DATE	Month Day	Year
(Type or print) ELIZABETH HY	DE HEALEY	or DEATH Ju	ne 17 1961	19
SEX 6. COLOR OF RACE T. MARRIED NEV	ER MARRIED 8 DATE OF BRTH	,9. AGE	(In yeers , IF UNDER 1 YEAR , IF	UNDER 24 HRS.
Fenne "Tite widowed X	DIVORCED _ Nov. 6 1	872 88	irthdey) Months Deys H	ours Min.
	SINESS OR INDUSTRY 11. B REMPLACE		country) 12. CITIZEN OF W	HAT COUNTRY?
Housewife Own H	ome Halif	ax England	USA	
FATHER'S NAME	14. MOTHER'S M			
William H. Hyde	Mary	Harris		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S., no, or unkown) [(Ifyesgive wer or detes of service)]	ECURITY NO. 17. INFORMANT		Address	_
No None	irs Ernest	ine H. Marv	in	
18. CRUSE OF DEATH [Enter only one cause per line for (e),			Per atown INTERY	AL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) M V O C		erct 1011	1 2	AND DEATH
420.0 DUE TO .			1	
Conditions, if eny, which \ (b) A Lt & F	iosclerotic	Heart Di	10210 1	ym.
geve rise to immediate cause				1
(e), sleting the underlying ceuse lest.				
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDIT		
			YES	PERFORMED?
200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HON	V INJURY OCCURED, (Enter neture of in	jury in Peri I or Part. I of item		
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OF	CURRED 20e, PLACE OF INJURY (Hos	me, ferm, 20f. (City or tow	n) [County]	(Stete)
Hour e.m. While Not V	/hile lectory, street, office blo	dg., etc.)		
P.00.	<u> </u>	10Ed . TU	20010 2017	(1) () 1
21. I certify that (I) (this hospital) attended the		A A A	19.61, that	
	and that death occured	att/	causes and on the date	
220. STENTATURE	ATTENDING	MED. STA		22b. DATE SIGNED
22c. PHYSICIANS	PHYS.	DIRECTOR PHY	0 & to 120 3 C 5	Stark.
NAME (TYPE)	Finam He	4/7	de hal	1
BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NA	ME OF CEMETERY OR CREMATORY		City, town or county)	(State)
REMOVAL (Specify)				(31616)
Burial 6/1/61 Beech		ottowa Ont		
funeral director's signature Andrew K. Cofinin Huzer t		JHN 2 n '61	256. REGISTRAR'S SIGNATURE	
TSERT HALLOW A. OULTHAND FUEST T	U"II 4.U.a D.	ATF	a, rum	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	140	6 1	& CERTIFICA	TE OF DEATH	* *		97256
	COUNTY Washington	1	MARYLAND	2. USUAL RESIDENCE TWO		If institution Reside c. COUNTY	nce before admission)
	CITY OR TOWN (if outsice RURAL and give nearest to the comment of	own)	60vrs	c. CITY OR TOWN (IF of	·	_	I give nearest town)
_	d. NAME OF HOSPITAL (IF I OR INSTITUTION Washington	not in hospital, give street	oddress)	d. STREET ADDRESS	many ment		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fint -	Middle Paul	lost H āpķiņs	4. DATE OF DEATH	Month 8	Day Year 19 6]
5 5		lered WIDOW	RIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH		E (In years IF UNDE birthday) Manths	R 1 YEAR IF UNDER 24 H
J a	during most of working life	e, even if retired)	kind of Business or Indu ivate family	Big Pe	el md.		TIZEN OF WHAT COUNTR
15.	WAS DECEASED EVER IN U	S. ARMED FORCES? 16.		Katherine	Willia	Address	
				.A. william	313 N	. Petema	INTERVAL BETWEEN
	PART I. DEATH WA	AS CAUSED BY: DIATE CAUSE (o)	6.5	- Esophe-gus	,		ONSET AND DEATH
	Canditions, if any, w gove rise to immed cause (o), stating the un lying cause lost	iote (DUE TO	Cotonocl	- Esophi-gur Soons Jengo	e		?
CERTIFICATION	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
L CERTIFI	200. ACCIDENT WAS UNION CONTRIBUTING CA	USE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Port II of	item 18.)	

20c. TIME OF INJURY Doy, Year Hour o. m

p. m

20d. INJURY OCCURRED White Not while at work at work

Hirshman, M.D.

20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, office bldg , etc)

22d. ADDRESS

(County)

(Stote)

saw the deceased affive an

PHYSICIANS NAME (Type)

21 1 certify that (1) (this haspital) attended the deceased from.

that death occurred at 6:5 M, from the causes and on the date stated above M.D. PHYS MED. DIRECTOR

STAFF PHYS

that (I) (we) lost

23a BUR AL, CREMATION REMOVAL (Specify)

23b DATE THEREOF

hilip

19

23c NAME OF CEMETERY OR CREMATORY

Hagerstown: Maryland 23d LOCATION (City, town, or county)

Washington St.

(Stote)

6-10-1961 24, FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

tery 25a. REC'D BY REGISTRAR DATE JUN

256 REGISTRAR'S SIGNATURE arthur S. Huma

TENTINERAL DIRECTOR: After this mertificate hims been signed by page 3 shauld be detached far use as the burial-transit permit. The State Board of Health prior to burial, cremation, or remayal, VR A15 (4) 15M 9/5III

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ely filled in by the funeral director, Pages 1 and 2 should be filed with

attending physician and campletely filled

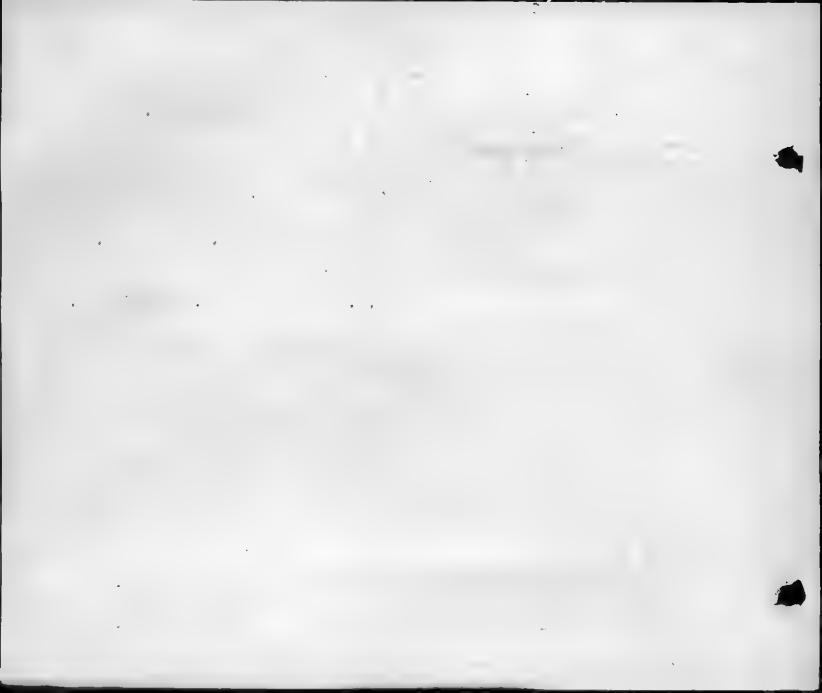
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Then please remave carbon papers Pages ond in any event, within 72 hours after death.

TR ATTENDING PHYEMIAM: The law requires that the deoth certificate be axecumd within 24

by the llaspital ar attending physician.

s ofter death. Page 4





Washington

b. CITY OR TOWN (If outside corporate limits, write

Hagers town

MARYLAND

days

c. LENGTH OF STAY IN 1b

Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE

The conditions of the condition of the conditi b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Williamsport

Maryland

(W)	
rector	1, PLACE OF DEATH o. COUNTY T.T

File File campletely filled in by the funeral papers. Pages 1 and 2 shauld be f and physician attending p please ar attending physician. the haspital

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may be sined by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the	page 3 shauld be detached for use as the burial-transit permit. The	the State Board of Health prior to burial, cremation, or remayal, and

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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VR A15 (4) 15M 9/59

. 1	(d. NAME OF HOSPITA	AL (If not in hospital, gives	Hospital	*	d. STREET		ıv			ON A FARM?
		NAME OF DECEASED	First	Middle	,	la	st	4. DATE OF DEATH	Moni Ju n e	h 22	gy Year
	S S	(Type or print) SEX SMale	7	. TO 7- married ☐ never marri widowed औ — Divorce		Hoove B. DATE OF BIRT Dec. 28	Н				R IF UNDER 24 HRS Hours Min
	100	USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	Furniture I	OR INDU	STRY 11 BIRTHP	LACE (State	or foreign co	untry)		F WHAT COUNTRY?
T			seph Wied	erhold		14. MOTHER'S	MAIDEN N Uise	IAME	Hein		
(15. (Yes	i. ng por utilknown) [IN U. S ARMED FORCE If yes, give wor or dates of ser	ES? 16. SOCIAL SECURITY NO 216 03 622		y Hoov	er 2	649 1	/irginia	Ave.	ext. D #2
			TH [Enter only one country TH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ DUE TO	Carcin our	*	f coi	ou_	_	-	ON	ERVAL BETWEEN SET AND DEATH LLL LELL VILL
	NO	Conditions, if or gove rise to in couse (a), stoting to lying couse lost. Part II. OTH	nmediate DUE TO	ITIONS CONTRIBUTING TO DE	EATH_BUT	F NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
1	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 1 1 CAUSE OF DEATH MEDICAL EXAMINER)	20b describe how injury o	OCCURRE	ED. (Enter noture	of injury in f	Port I or Port	II of item 18.)		AES A NO
*	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Year	20d, INJURY OCCURRED While Not while of work at work	20e. Pl fo	ACE OF INJURY octory, street, office	(Home, form be bldg., etc.	, 20f (City	or town)	(County) (Stole
		saw the deceas	ed alive an	ottended the deceased 6/2 > 19.61, and	l from d that d	death occurre	dello A	M, from	the causes on	≥_, 19.6∠, t d on the dat	hat (I) (we) loss e stoted above 22b DATE SIGNED 6 ~2 3 ~ 6
, ,		22c PHYSICIAN'S NAME (Type)		Hormbaker, M.D.	•	22d. ADD	RESS	154 We	st Washin	_	
	23o	BURIAL, CREMAT O	June 26-					Hager	rstown	Mar	yland
(2)	24	FUNERAL DIRECTOR	signature XXeof	Williams	por	t, me		D BY REGIST		TRAR'S SIGNATURE & HEAVE	
Q											



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TO DE Y MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If ony	cute certificate, writing the ward "penaing" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune. I rectar. Page 4 should	20	**OFUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, area
Ä	-	3	5
0	5	Pol	Ih.
V			9

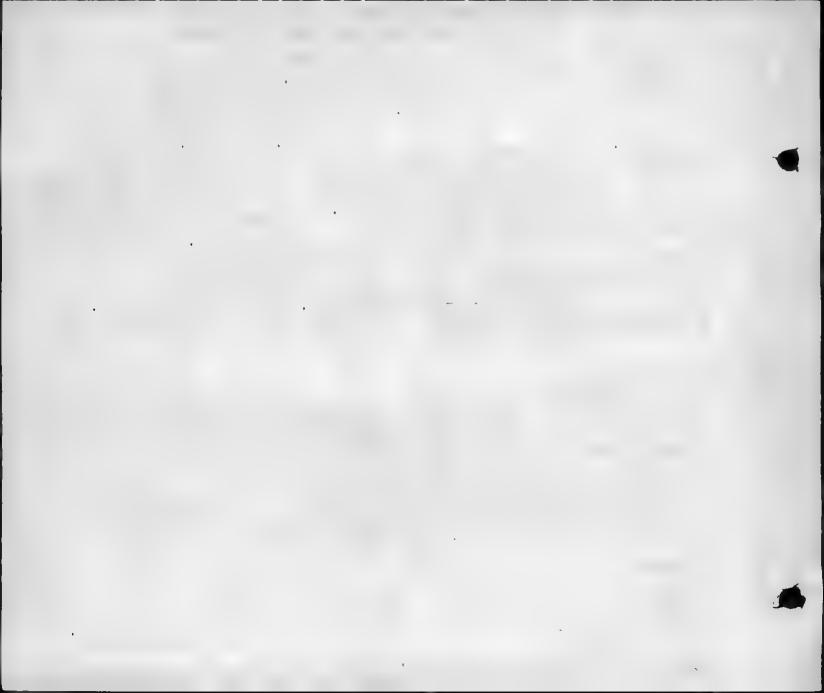
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במשפרו אי בומכיים מאם	. Poge 4 should be		la buriol, cremotion,	(
	to the fune.	ined for your es.	ith the registrar prior t	
The state of the s	cute certificate, writing the ward "penaing" in penail in Item 18. Give Pages 1, 2, and 3 to the fune. I rector. Page 4 should be	forwarded to the Chief medical Euaminer's Office along with form PM3. Page 5 may be retained for your 11s.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	
200000000000000000000000000000000000000	pencil in Item 18. C	alang with form PM3	burial-tronsit permit.	
The state of the s	e ward ''pen⊠ing'' in	of Eugminer's Office	should be used as a	
	certificate, writing the	d to the Chief 國edic	AL DIRECTOR: Poge 3	ol.
-	cute	forwarde	TO FUNER	or removal

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.07259

1. PLACE OF DEATH 6. COUNTY	Washingt	on	MARYLA	UND	2. USUAL RESIDEN	NCE (V	Vhere decea	sed lived. If Inst b. COU	and the second		gton	
b. CITY OR TOWN (If ond give necres) fown	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TO	WN (IF	autside cor	porote limits, wr				
Hager			50 yrs.	4	. 3 Ha	ger	stown					
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street address)		d. STREET ADDI	RESS						ESIDENCE A FARM?
338 N.	Cannon Ave	2.,			338	N.	Cann	on Ava.,				NO [3]
3. NAME OF DECEASED	Fir	ıł	Middle		Lost		4. DATE OF	Ма	nth	Day	Y	'eor
(Type or print)	Roy		Scott	Ī	loover		DEATH	6		29	. 1	9 61
5. SEX		7. MARRIE	D NEVER MARRIED	3. (DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS.
male	white	WIDOWED			ept. 7,			79 yr	L. Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work a life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE	(State	or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTRY
labor			self		Fid	dle	rsbur	g, Md.		USA		
13. FATHER'S NAME				1	14. MOTHER'S MAI	DEN N	IAME					
And the second s	mbus Hoover				L	aur	a_Elle	en Rohre	r			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FO (If yes, give wer or dates of	service)		17. INF	ORMANT			Addre	95			
no		220	0-05-6827	Mis	s May G.	Но	over	Hager	stown	, Md	•	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.												
CATIC	ISE WAS 20		NTRIBUTING TO DEATH E						IVEN IN PA		9. WAS PERFO YES []	AUTOPSY RMED?
PR MARY OF CONCAUSE OF DEATH.	CLKIROLING []											
20c. TIME OF INJUR	Y Month, Day, Yea	While		PLACE	OF INJURY (Home , street, office bldg	e, form g., etc.	20f. (Cit)	or town)	(Co	ounty)		(Stote)
21. I certify th	at I took charge	of the r	emains described	above	e, held an Au	lopsy	/ 🔲 , li	nspection 🔁	, Inqui	ry 🔲	, and	find that
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and find that death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined cause ACTUAL SIGNATURE												
EXAMINER'S NAME (Type)	725	1/2	7,1700	-	DEPUTY MED				//			
220. BURIAL, CREMAT O , REMOVAL (Specify)	N, 226 DATE THEREO	F	22c. NAME OF CEMETERY				22d LOCA	TION (City, town	, or county)		(Stot	e)
burial	7-3-61		Rose Hil	1 0	emetery		Hage	erstown			Md.	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240	. REC'S	BY REGIST	RAR 246. RE	GISTRAR'S SI	GNATU	RE	
Kraiss Fune	ral Home	Hage	rstown, Md.		DA	TE LIL	3 '6'		, Z.	, , , , , , ,		

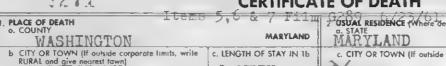


MARYLAND STATE DEPARTMENT OF HEALTH

MADVIAND

DIVISION	OF	STATISTICAL	RESEARCH	AND	RECOR	D\$ —	BALTIMO	ORE 1,
		CEI	RTIFICA	ATE	OF	DE/	ATH	

7271	CERTIFICATE OF DEATH	
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND C. STATE MARYLAND AND MARYLAND MARYLAND MARYLAND	institution: ResiduNTY



ence before admission) NGTON

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WEEK SPRING

d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS

e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO, NONEWASHINGTON NAME OF First Middle Last 4. DATE Month Yeor DECEASED

(Type or print) DEATH 19 63 UDENCE HORNBAKER IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthday) Months Female DIVORCED [WIDOWED XX USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?

DUTIES HOUSE WORK HOME

14 MOTHER'S MAIDEN NAME

U.S.A.

13. FATHER'S NAME

HAGERSTOWN

ELLIE BRITTON

MARTIN S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address

CLSPG. NONE MD.RD.1 INTERVAL BETWEEN CAUSE OF DEATH [Enter anily one cause per line for (o), (b), and (c)]

PART I. DEATH WAS CAUSED BY: CALCAREOUS AORTIC STENOSIS UNKNOWN IMMEDIATE CAUSE (a) DUE TO RHEUMATIC HEART DISEASE UNKNOWN Canditions, if any, which (6) gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YESTEN NO [

DIABETES MELLITUS

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED

MEDICAL (Stote) factory, street, office bldg., etc.) Haur a m Nat while at work ot work p. m. March 28 June 14

21 I certify that (I) (thinkbasital) attended the deceased from. saw the deceased alive an June 13 , and that death accurred 4130 AM from the causes and on the date stated above

22a SIGNATURE 22b. DATE SIGNED MED DIRECTOR MD PHYS 6/15/61

22d. ADDRESS NAME (Type) Archie Robert Cohen, M.D.

Clear Spring, Maryland

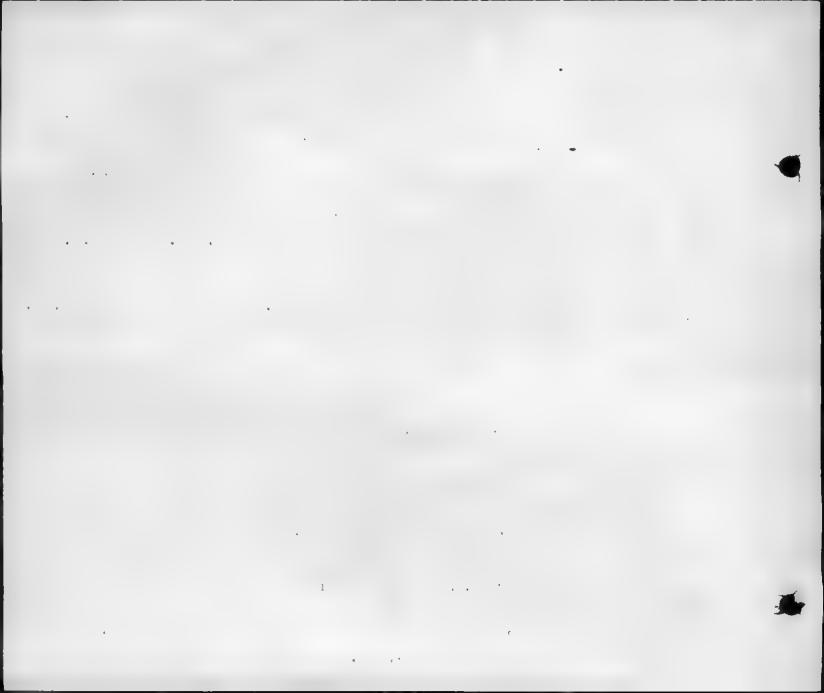
23d LOCAT ON (City, town, or county)

230 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) **ADDRESS** 25a. REC'D BY REGISTRAR

23c NAME OF CEMETERY OR CREMATORY

15M 9/59

0



death. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemplained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF THE TOTAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH 7272

IVI i	i. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence before edmiss on)
	mashington MARYLAND	*. STATE Larvland b. COUNTY Washington
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I in its, write RURAL and give neeres) town)
	write RURAL and give nearest town) Hagerstown 1 1/2 yrs	12 Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
U FT	Martin Manor	620 Potomac Ave.
	3. NAME OF First Middle	Lest 4. DATE Month Dey Year
	[Type or print] MAIT TT ATT DIVATIONS	HOWADD DEATH TIME OF 1000
	WORLTE MIDDEVEOLE	HOMARD June 23 196] . Date of B rth 19. Age (in years 1F Inder 1 YEAR IF INDER 24 HRS.
	The state of the s	last birthdey) Months, Days Hours Min.
	TO JSUAL OCCUPATION IGIVE KIND OF BUSINESS OR INDUSTR	ASTON 16 1876 00 yrs.
	done during most of working life, even if retired)	
	Housewife Own Home	Hagerstown Wash Co Md. USA
	G. PAINER S NAME	14. MOTHER'S MAIDEN NAME
	Joseph Widdlekauff	Ann Horine
U	15. WAS DECEASED EVERIN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyasgiva wer or dates of sarv.ca)	
	No None Cla	ytor Howard 1222 Virginia Ava
	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	Hagerstown Md Interval Between onset and Death
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) Corvue y-activis	britished Descare
	4)1).) DUE TO	n = p × 1 Zins
	Conditions, fany, which (b)	Congestion Cardia Carlin 29th
	gove rise to immediate cause DUE TO	
	cause lest. (c)	
	PART H. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Ĭ	YES NO 4
+		(Enter natura of injury in Part Lor Pert II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da PLA	ory, street, office bldg , atc.)
	21. I certify that (I) (this hospital) attended the deceased from.	Oct 1946 to 6-23 , 1961, that (1) (we) las
		death occured 6.4.3 M, from the causes and on the date stated above
	22a. SIGNATURE	22b. DATE
ď	11 of modelly M	ATTENDING MED. STAFF SIGNED PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	Dalton M. Welty M.D.	998 Potomac Ave Hagerstown Md
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify)	TT TT AND COLOR
	Burial 6/26/61 Rose Till C	enetery McGerstown dB11 00 1.d.
	Andrew K. Cofinan Augeratown 1d.	DATUUN 2 7 '61 arthur S. Kraus
	THULEN WE GOTTH IN HOREL COUNTY OF	IDVANA VALOR

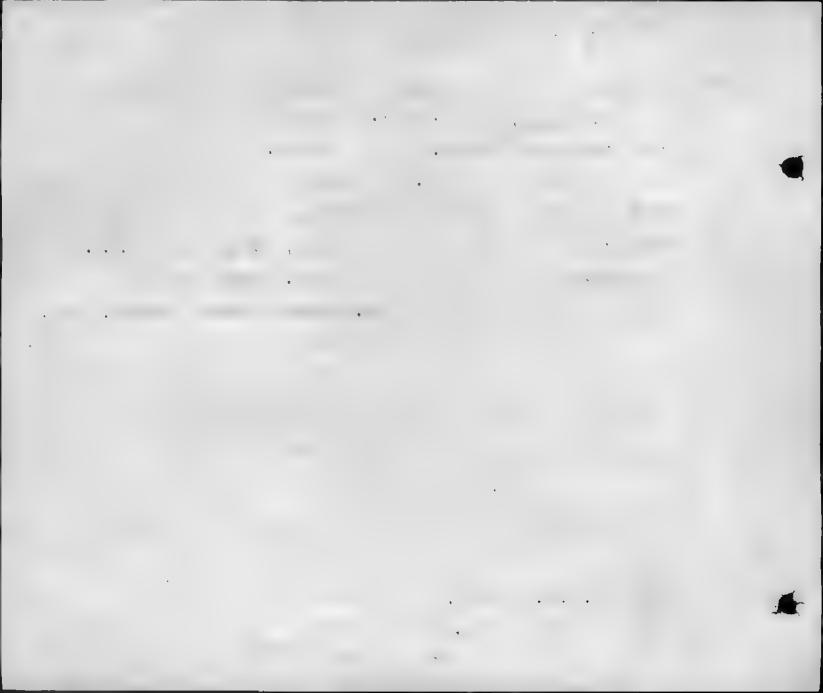


FOR STATE THE LOUIS MEDICAL EXAMINER: This certificate should be executed within 24 flours after death. It was deliby is micessary, please execute the certificate, writing the word "pending" in flem [8. Give Flag. 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fronts death. M

VS. ATEME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2273 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7262

J	1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, If institut on: Residence before edmiss on] a. COUNTY
1	Washington MARYLAND MARYLAND Manyland Washington
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural Learnin Spring, 19r. 11 Mo. Hancock d. NAME OF HOSPITAL OR INSTITUTION (IDNOT in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
١	Gateway Convalescent Home Inc. Main St.
	3. NAME OF First Middle Last 4. DATE Month Dey Year DECEASED (Type or print) \$ \begin{align*} \text{First Middle Dey Year OF DECEATH \\ \text{OF DEATH} \\ OF
	(Type or print) Effic S. Hughes DEATH 6. GOLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
N	Female White WIDOWED 19/9/1887 Iasi b rihday) Months Days Hours Min.
	10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. SIRTHPLACE (State or fore gn country) 12. CTIZEN OF WHAT COUNTRY?
	Housewife Addison, Pennsylvania U.S.A. 14. MOTHER'S MAIDEN NAME
	10.11. 6.
1	William Stark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyosgive war or dales of service)
ı	No Margaret Coleman Pittsburg Penna
ı	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:
1	immediate cause (a) General interiosale osis, Severe Several cars.
ı	DUE TO
١	Conditions, if eny, which (b) gave rise to immediate cause DUE TO
1	(a), stating the underlying Society (c) Marked Cerebral Arteriosclerosis
	YES NO EX
	PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? VES NO 2 PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.
ł	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour a.m. While Not While factory, street, office bldg., etc.)
	₹ p.m. 19 at work at work
ı	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and in my opinion
	death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner .
	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
i	DEPUTY MEDICAL EXAMINER & 6_5_67
	EXAMINER'S NAME (Type) Dr. F. Ditto Jr. Address (Street, city, town, or county) 22a. BURIAL, CREMATON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	228, BURIAL, CREMATON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State)
	Burial 6/7/61 St. Thomas Episcopal Hancock Maryland 23. FUNERAL DIRECTOR ADDRESS 1248. RECID BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE
	Katheleen m Grove, Hancock and DATE JUN 9 '61 Crim S. Kraus



director

ta burial, crer

MADVIAND CTATE DEDADTMENT OF HEALTH

	7274 DIVISION OF STATIS	TICAL RESEARCH AND RECORD CERTIFICATE OF I	•	C7263
(M)	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND 2 USUAL RE 0. STATE		f institution Residence before admission) COUNTY N. SHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ITATINSTOWN LT		R TOWN (If outside corporate limits ERSTO /N	s, write RURAL and give nearest town)
19/	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR NSTITUTION 'T STERN MD. STATE HOSPITAL		SALEM AVE.	e is residence on a farm?, yes \(\) no \(\rightarrow \)
5 6 f 4	3 NAME OF DECEASED (Type or print) Ruth	Viola KEN	DALL 4. DATE OF DEATH	Month Doy Yeor 3
after	5. SEX 6 COLOR OR RACE 7. MARRIED WIDOWED WIDOWED WIDOWED	DIVORCED NOV. 3	lost bi	in years IF UNDER 1 YEAR IF UNDER 24 HRS. IF UNDER 24 HRS. Months Doys Hours Min. Min.
haurs	100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPTRATOR ATRCR		IPLACE (State or fareign country) RYLAND	U.S.A.
irthin 72	13. FATHER'S NAME HARRY T. MOATS		R'S MAIDEN NAME ESSIE MILLER	
event, within	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (Yes, no. or unknown) [If yes, give wor or dates of service) 212-14	SECURITY NO. 17, INFORMANT 1743J MRS. MAE	KOONTZ RT 2	GREENCASTLE, PENNA.
and in any	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	obular Pracinous	neumonia	INTERVAL BETWEEN ONSET AND DEATH
or remayal,	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost, (c)	arcinom.	e of the s	ung 5 mouts
ation, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	. /	TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES NO 1

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

20d. INJURY OCCURRED

MEDICAL o. m While Not while at work \square at work p. m. 21 I certify that (I) (this haspital) attended the deceased from M, from the causes and an the date stated above. and that death accurred at P saw the deceased alive an 220 SIGNATURE 22b DATE

foctory, street, office bldg., etc.)

MED. ATTENDING PHYS. STAFF PHYS M.D 22c PHYSICIAN'S NAME (Type) 22d, ADDRESS

BUR AL, CREMATION, REMOVAL (Specify) 23d. ŁOCATION (City, town, or county) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) VASHINGTON COUNTY , MD. 6, SMITHSBURG TUNE I961

24, FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Day, Year

25a REC'D BY REGISTRAR

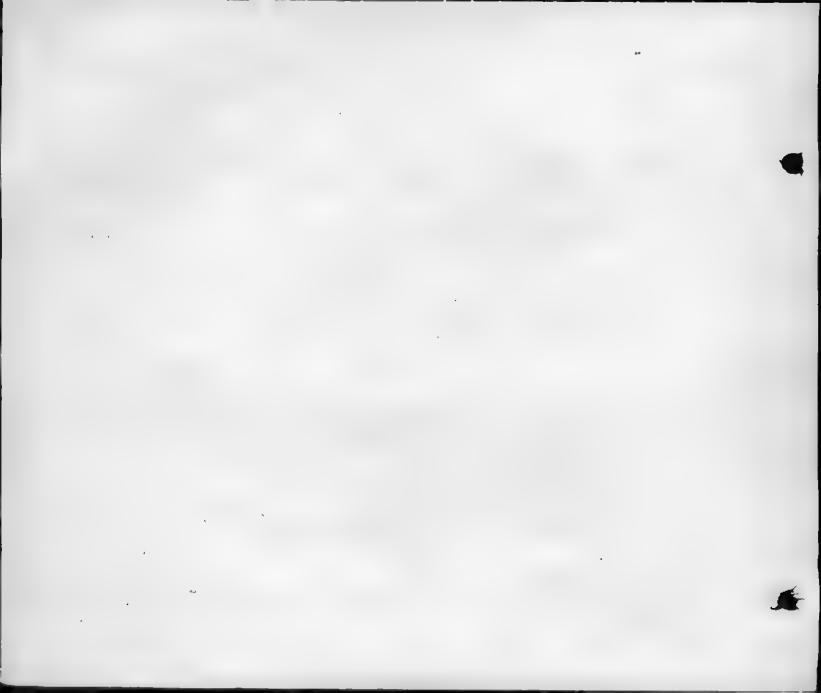
25b, REGISTRAR'S SIGNATURE Chilling of thous

(County)

(Stote)

Phe

VR A15 (4) 15M 9/59



FOR STATE **HEALTH DEPT** TO DECUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL MIRECTOR: Page 2 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

PARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

\$\inc{0.7264}\$ Division of STATISTICAL RESEARCH AND RECORDS,

MEDICAL EXAMINER'S MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
1	Washington MARYLAND	* STATE Maryland * COUNTY Washington
7	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ı	Hagerstown 39 years	Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE
	233 West Side Ave.	233 West Side Ave.
4	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Virginia Captolia Kersl	nner DEATH June 22 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
*		pril 25, 1903 58 yrs. Months Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
*	House Wife Own Home	Chambersburg, Md.
3	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Elmer Leidig	Mary Smeltzar
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes, no, or unknown] [Iffyesgivewerordatesofservice]	T.
	Par	ul B. Kershner Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTENERY	Toches on the state
	287Y DUE TO	- 4 //
	Conditions, if any, which \ (b)	Tolunto It of Same
	geve rise to immediate cause	- Control
	(e), stelling the underlying but to cause lest.	tu
		THE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (I	PERFORMED? YES NO P
	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	inter nature of injury in Perf I or Perf II of Item 18.)
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m., While Not While fect p.m. 19 et work et work	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from, / Natural causes Accident . Suic	ide . Homicide . Undetermined manner
		CHIEF MEDICAL EXAMINER
	SIGNATURE A WELLE	ASSISTANT MEDICAL EXAMINER [] DATE SIGNED
	EXAMINER'S 7	DEPUTY MEDICAL EXAMINER
, ,	NAME (Type)	Address (Street, city, town, or county)
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, lown/or country) (State)
	Burial 6-25-61 Rest Haven	Cometery Hagerstown, "d.
1	23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Scott F. Minnich & Son Hagerstown	d. DANUN 27'61 Chilur S. Kroue

YS. A15ME SM 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY by the and 2 sideath. Washington MARYLAND Washington b. CITY OR TOWN if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) (Rural) Harerstown week Williamsport 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Vashington County Hospital R. F. D YES NO TO NAME OF 4. DATE M.ddla Year Month DECEASED OF (Type or print) Ernest Milburn DEATH Kirby 19 June 5. SFX 6. COLOR OR RACE 7, MARRIED TANEYER MARRIED THE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. last birthday) Months | Deya Male WIDOWED . . DIVORCED | physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Berkelev Co. W. Va. Water Works Water Plant Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending | James William Kirby Ella Barrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Williamsport Md. (Yes, no, or unkown) | (Ifyesgivewerordelesafservice) loval, Mrs. Helen E. Kirby 1 he 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) , INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: dreinoma 10 MOS IMMEDIATE CAUSE (a) Prostatic Carcinoma Conditions, if env. which geve rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY PERFORMED? none NO 950 prior 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stete) factory, street, office bldg , etc.) While Not While Hour e.m. et work | at work 21. [certify that (1) this hospital) attended the deceased from. saw the deceased alive on... ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, be filed 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOYAL (Specify) Greenlawn Cemetery Williamsport Maryland O 24 FUNDRAL/DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATEUN 7 arthur & Through



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07266

1. PLACE OF DEATH a. COUNTY	Washington		MARYL	11 0	ISUAL RESI	Md.	ere deceased li	ved. If instituti b. COUNTY		ce before ashir		
B. CITY OR TOWN RURAL and give Haige	(If outside corporate limi nearest tawn) ETS COVID	ts, write	e LENGTH OF STAY I	N 1b		own (If a	outside corporat	e limits, write R	URAL and (give near	est tawn)
or Institution	Potomac S		address)		d. STREET A		Potoma	c St.,		e		DENCE FARM? NO [2]
3 NAME OF DECEASED (Type or print)	Frederi		Willia	m,	Kraiss		4. DATE OF DEATH	Mar 6	-12-6	Day		fear
s. sex male	6 COLOR OR RACE white	7 MARI	NEVER MARRIE	/	TE OE BIRTI	19_1	542	AGE (In years last birthday)	Months Months		Hours	R 24 HRS Min
100 USUAL OCCUPAT during most of wo Funeral	ION (Give kind of work rking life, even if retired Director	dane 10b.	KIND OF BUSINESS OF	d ľ		rioga,		try)	12.CITI	USA	WHAT C	OUNTRY
13. FATHER'S NAME Paul	. Kraiss			14.	MOTHER'S	MAIDEN N						
	ER IN U. S. ARMED FOR	ervice)	social security no. 19-36-2711	17, INFORM		ret Kı	raiss	Hagers	town,	Md.		
Canditians, if gave rise to cause (o), stoting lying cause last	immediate DUE TO)										
PART II. O' O	THER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO	THE TERM	INAL DISEASE C	ONDITION GI	VEN IN PAR		PERFO	AUTOPSY RMED? NO [4]
	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY OF	COURRED. (En	ter noture o	if injury in	Port I or Port II	of item 18.)				
Y 20c. TIME OF INJU Hour o. m.	RY Month, Doy, Ye	ar 20d I While of wor	Not while	20e. PLACE C foctory,	of INJURY (street, office			r lawn)	(1	County)		(State
saw the deced	at (I) (this haspita ased alive an	attend				6/ 19 d of 20	M, fram th		19 nd an the		stated	
22a 5 GNATURE	H. Tw.	2-	the Z-	M.D.			ED RECTOR []	STAFF PHYS			221	5 GNEE
22c PHYSICIAN'S NAME (Type)	MELI	1	7,170	7	22d ADDR	ess Zan	town	- M	4			
23d. BURIAL, CREMATI REMOVAL (Specif burial	ON, 236, DATE THEREO	OF V	Rose Hil	TERY OR CRE 1 Ceme			Hage	rstown		Mo		e)
24 FUNERAL DIRECTO	rs signature neral Home	На	ADDRESS ugerstown, N	id.		250 REC	D BY REGISTRA		istrar's st			

in by the funeral director, and 2 shauld be filed with Page , irs ofter death and completely filled in Then please remove carbon papers. Pages 1 2. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 rouned by the haspital or attending physician. and in any event, within 72 hours after death may by Conned by the haspital or attending physician.

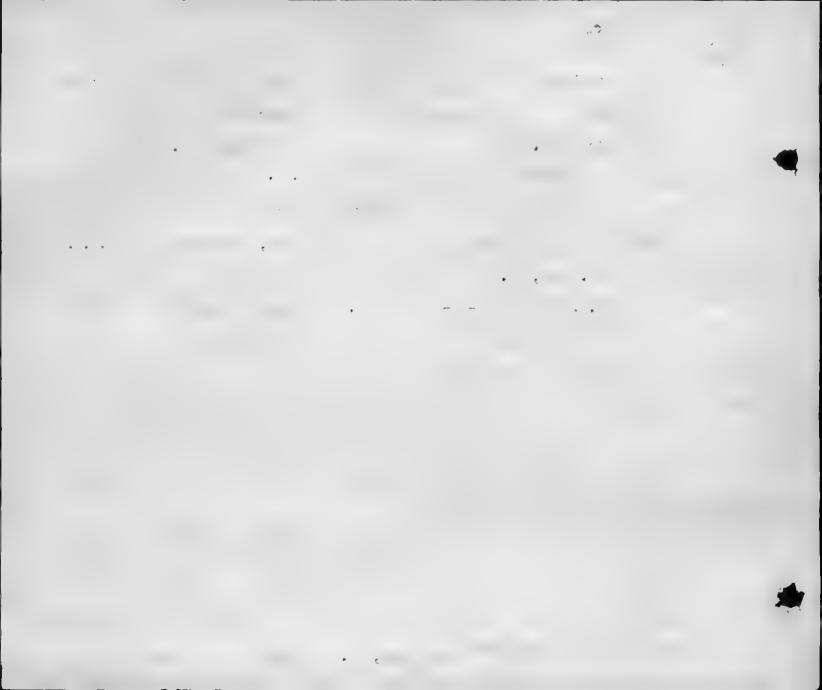
TO FUNEXAL DIRECTOR: After this certificate has been signed by the ottending physician page 3 shauld be detached for use as the burial-transit permit. Then please remove cartifie State Board of Health prior to burial, cremotian, or removal, and in any event, within

TO HOS VR A1S [4] 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral shmuld PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY b. COUNTY Washington 라 다 다 MARYLAND Maryland Washington b. CITY OR TOWN sif outs de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) <u>}</u> € write RURAL end give neerest town) 28 years Hagerstown Hagerstown filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 656 Virginia Ave. 656 Virginia Ave. YES NO TO 3. NAME OF Middle DATE DECERSED **MELCAJAH JOHN** LACY, JR. 1967 June (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. lat pirthdey) November 30, 1907 Mal.e White WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Scottsburg, Virginia shoe store U.S.A. Manager phy 13. FATHER'S NAME 14. MOTHER S MA DEN NAME Then please 2 Emaline Priest John M. Lacy, Sr. 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or dates of service) Mrs. Ruth Lacy Hagerstown, Maryland the 18. CAUSE OF DEATH [Enter only one cause per line for (a) .b), and (c).) INTERVAL BETWEEN hymphoma ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUF TO** Conditions, if env. which (b) gave rise to immediate couse DUE TO (a), stelling the underlying CERTIFICATION PART 1. OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO S 200. ACCIDENT WAS UNDERLYING LI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part I of tem 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour am Not While et work et work /22 1961, that (I) (we) last and that death occured at I.H. M., from the causes and on the date stated above, saw the deceased alive on..... 22a, SIGNATURE S GINED PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S 23d. LOCATION (C'ty, lown or county) (State) 23e. BURIAL, CREMATION, 23b REMOVAL (Specify) Hagerstown Rose Hill Cemetery Maryland 0 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Hagerstewn, Md. arthur S. Kraus 15M 9/60 DATE UN 2 8 '61

death



TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

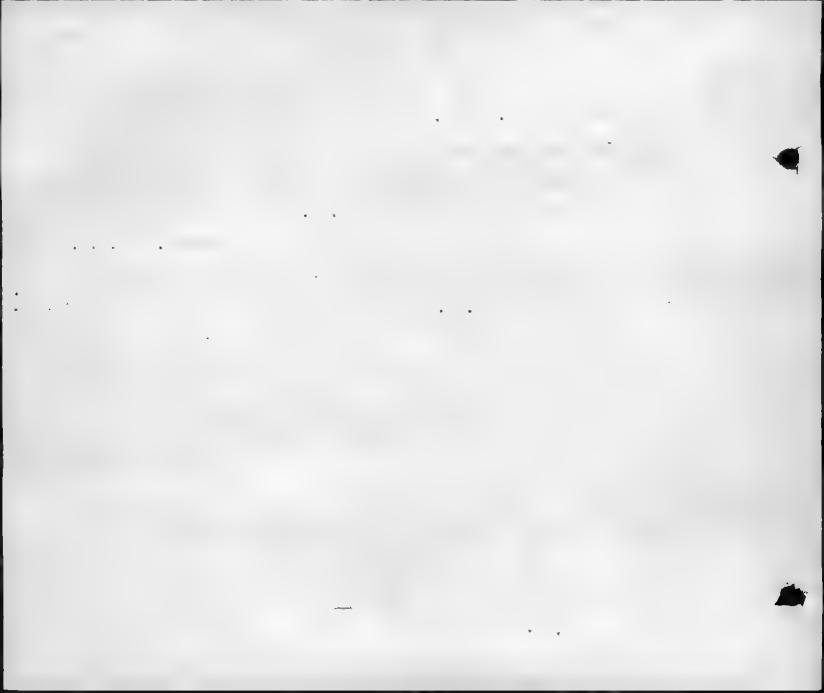
TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Baard of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs ofter death

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OMOAA

	374 13	CERTIFICA	TE OF DEATH	5020	()
t, PLA o. C	COUNTY Washington) MARYLAND	2 USUAL RESIDENCE (Where deceased o. STATE Maryland	b. COUNTY Washingto	
b. C	CITY OR TOWN (If outside corporate limits, v RURAL and give nearest tawn)	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpor	ate limits, write RURAL and give nearest to	wn)
d. N	Iral Hagerstown Mc NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street address)	d. STREET ADDRESS	e. IS RI ON	ESIDENCE A FARM?
Gat			1/	YES	NOT
3. NA/	ME OF First	Middle	Last 4. DATE	Month Day	Year
(Тур	pe or print) Aaron	Henders		626	1967
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNI last birthday) Months Doys Hour	
	M White W	DOWED DIVORCED	Feb 20-1878	R2 yrs Months Doys Hours	s Min.
10o. U.	ISUAL OCCUPATION (Give kind of work dank uring most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS		untry) 12 CITIZEN OF WHAT	COUNTRY?
	Labor	Saw Mill	Fulton County	Panna U.S.A.	
13. FAT	THER'S NAME		14. MOTHER'S MAIDEN NAME		
	Issac Lanchart		Savannah Your	lran	
	AS DECEASED EVER IN U. S. ARMED FORCES		HORMANT	Address Hagersto	wn Md
	o, or unknown) (If yes, give wor or dates of service		Preston E Lancha	1 ACCO T	N V 110
-	NO CAUSE OF DEATH (Same and an annual		reston E Lancha	INTERVAL	
118.	PART I, DEATH WAS CAUSED BY:	per like for (0), (0), and (c).]	7	ONSE AN	
	IMMEDIATE CAUSE (o)	acure C	asaiac (alline su	dell
	. I				
	DUE TO	01.	9/11	λ -	
	Conditions is downwhich)	Chronic	Valvular	Alsense 34	us
g	Conditions, if dny, which (b)	Chronic	Valvular	Disease 34	ns
g	Conditions, if dny, which gave rise to immediate DUE TO	Chronic	Valvular,	Disease 39	ns
g c:	Conditions, if dny, which gave rise to immediate cause (a), stating the under-lying couse lost. (c)	Chronic	Valvular,	Disease 39	ns
g c:	Conditions, if dny, which gave rise to immediate cause (a), stating the under-lying couse lost. (c)	Chronic ONS CONTRIBUTING TO DEATH BUT	Valvular)	CONDITION GIVEN IN PART 1(d) 19 WAS	S AUTOPSY ORMED?
g	Conditions, if dny, which gave rise to immediate cause (a), stating the under-lying couse lost. (c)	Chronic ONS CONTRIBUTING TO DEATH BUT	Valvular)	PERF	S AUTOPSY ORMED?
FICATION	Conditions, if dny, which gave rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMINAL DISEASE D. (Enter noture of injury in Port) or Part	PERF YES [ORMED?
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L CERTIFICATION	Conditions, if dny, which gave rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) To TIME OF INJURY Manth, Day, Year Haur a.m.	DESCRIBE HOW INJURY OCCURRE 20d INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Port I ar Part ACE OF INJURY (Home, farm, *20f. (City	PERF YES [If of item 18)	ORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admirs on, e. COUNTY Washington ranklin MARYLAND b. CITY OR TOWN (if outside corporete I mits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) willow Hill. D.O.A. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? Washington County Hospital Middle 4. DATE DECEASED (Type or print) DEATH June AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED ON NEVER MARRIED lest birthdey! WIDOWED [Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or largin country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Housewife Mangansville Wash. Co. Md. 13 FATHER'S NAME Maru Horst David Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, ENFORMANT [Yes, no, or unknown] | [If yes give war or detes of service] Willow Hill, Pa. Howard F Lehman 18. CAUSE OF DEATH (Enter only one couse per I no for (e), (b), and (c) ONSET AND PRATH IMMEDIATE CAUSE (e) DUE TO Conditions, fany, which geve risa lo immediale ceuse DUE TO (e), stelling the underlying PART I, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING LI 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, (County) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While et work at work 21. | certify that (I) (this hospital) attended the deceased from 27 JUNG 1961., to ... 28... JUNG 18.1..., that (I) (we) last saw the deceased alive on... 27. JUNE19 61 , and that death occured at....... M, from the causes and on the date stated above. SIGNE DRECTOR PHYS. PHYS. 22d ADDRESS PHYSIC AN'S NAME (Type) POTOMAC AVENUE, HAGEPBIOWN, MAPYLAND director, be filed v Richard - Binford 23c, NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Charbersburg Mennonite Chambershurg. 960 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus DATHUL 3 15M 9/60 Chambershur,



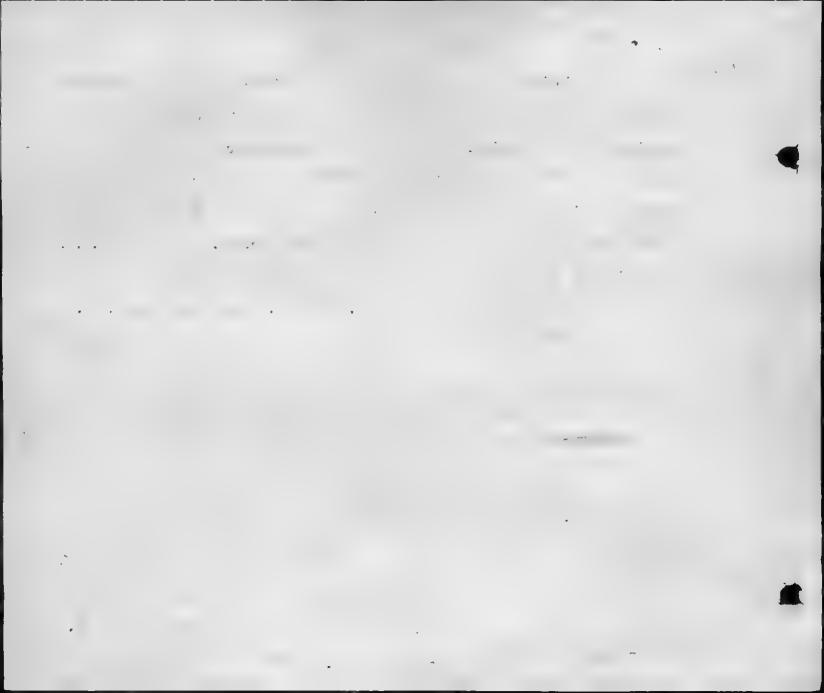
VR A15 (4) 15M 9/

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

V		<u> </u>				LIKELU.	_
1	1. PLACE OF DEATH a. COUNTY			NCE (Where decea	1 40 40 1 10 100 1	on: Residence before edmission	n)
1	Washington	MARYLAND	o, STATE Man	ryland	P. COUNTA	ashington	
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporet	e I.m'ts, write RURAL	and give necrest town)	
١	Hagerstown	Life	/ H:	agerstown	(Rural)		
٠.	d. NAME OF HOSPITAL OR INSTITUTION (if not in I	hospitel, give streat eddress)	d. STREET ADDRES	55		e. IS RESIDENCE	
	Washington County Hospi	tal		n Manor	5× 5+	YES NO	_
1	3. NAME OF DECEASED GRACE	CANNON	LOOSE	4. DATE OF	Month	Dey Yeer	
1	[17po or print]		TOOOE	DEATH	June	7 19 61	
١	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED E	DATE OF BIRTH		GE (In yeers IF UND		١.
1	Female White WIDO	WED DIVORCED [DET 27.1	879	81, yrs.		
١	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	11, BIRTHPLACE ,Co	ounty & State, or fore	ign country, 12,	CITIZEN OF WHAT COUNTRY	Y?
	Housekeeper		Hagers	town, Md.	_ [U.S.A.	
	13. FATHER'S NAME	4	14. MOTHER'S MAIDE				
۱	Henry Clay Loose		Vi	rgi <mark>nia</mark> Pea	arson		
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yas, no, or unkown) (Ifyesgivewerordetesofservice)	16. SOCIAL SECURITY NO 17. 1	NFORMANT		Address		
ļ	No.	Mo	rs. Victor	D. Miller	Hagersto	wn. Md.	
ł	18. CAUSE OF DEATH [Enter only one ceuse pe		_	, ,		INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	amorrhasi	c Penc	rectit	tis	7 ce-N	
ı	7 / 1 DUE TO	0	-				
	Conditions, if eny, which (b)						
	geve risa to immediate cause						•
	(e), stelling the underlying Course last						
		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN P	ART 1(e) 19. WAS AUTOPSY	7
	PART II. OTHER SIGN FICANT CONDITIONS C	Pertensiva	· Vasco	lar di	9 3592	PERFORMED?	2
Ì	200. ACCIDENT WAS UNDERLYING 1 206.	DESCRIBE HOW INJURY OCCURED			item 18.)		
	OR CONTRIBUTING CAUSE OF DEATH						
	3 20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 200. PLA			town) ((County) (Stelle)	
		hile Not While faci	ory, street, office bldg.,	atc.)			
	21. I certify that (I) (Wis hospital) att		TUNA	19 6 L to 3	TUNE 7	196.1, that (I) (we) to	- T
	saw the deceased alive on	7 196 / and that					
	22a SDSMATURE	A	Gedia occurso on		14 1445	22b. DATE	
Į.	HI BILLIAM	7	ATTENDING PHYS.		STAFF PHYS.	G/S-/L	ED
y .	22c. PHYS CLAN S	1/1	22d. ADDRESS	2 14 N. 1	Patoma	14:11	- 3
	NAME (Type) LIBY A	HOFFman		H & C . O	raton	10 1	
	230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO			
	Burial 6/9/1961	Rose Hill (Cemetery	Hage:	rstown	Md.	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	_	REC'D BY REGISTRA		R'S SIGNATURE	
		lome Harmstown	Md DATE	JUN_1 2 '61	arthur	S. Kraus	
		Hagerstown	ing William				-



TO HOS

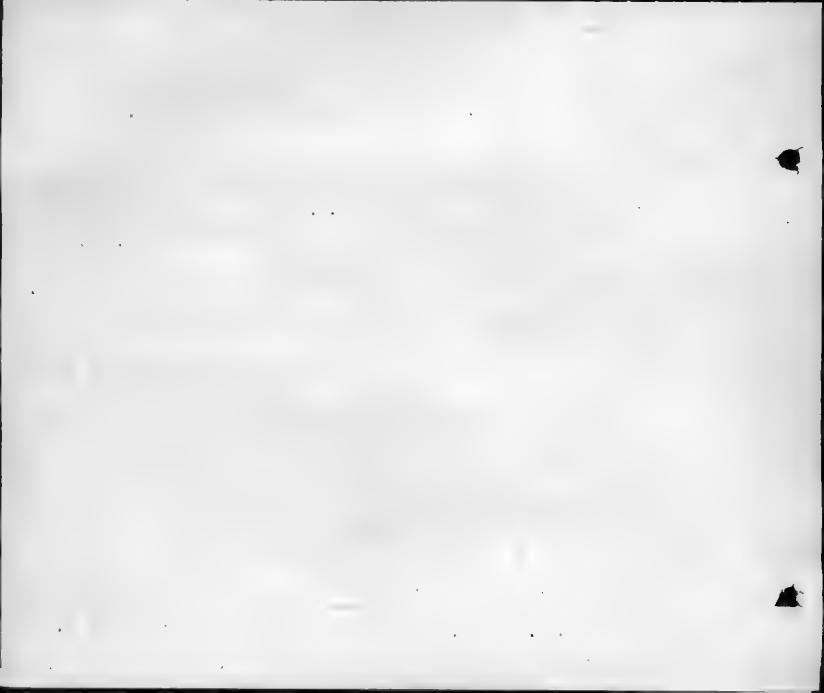
VR A1S (4) 15M 9/59

7282

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-			
	PLACE OF DEATH a. COUNTY	2000. O =====	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	Washington	MARYLA	Warvland Washington
	b. CITY OR TOWN (If outside carporale limits, RURAL and give nearest lown)	write c. LENGTH OF STAY IN	
	Haseyalowe	6 Months	Rural 5 Hagerstown Md.
Г	d. NAME OF/HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
92	estern Gronic Host	ital	YES NO
	NAME OF A First	Middle	Last 4. DATE Month Day Year
L.	DECEASED (Type or print) Philip	Thomas	Maccumbee Death 6 23 196
5		· MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS Manths Days Hours Min.
	M //hite /w	VIDOWED [DIVORCED [
100	USUAL OCCUPATION (Give kind of work day during most of working life, even if retired)	ne 106 KIND OF BUSINESS OR I	
	Student	Student	Washington Maryland U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	77 70 76		Vergie M Van Gosen
10	WAS DECEASED EVER IN U. S. ARMED FORCE		A CONTRACTOR OF THE PROPERTY O
(1)	IS. 80, or unknown) [(If yes, give war or dales of servi		17. INFORMANI Address Md.
	No	None	Vernon E MacCumbee Rural 5 Hagerstown
	18. CAUSE OF DEATH Enter only one cause	e per line foc(a), (b), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	tobular	Pri Persona Death
	IMMEDIATE CAUSE (o)	00000	
	DUE TO	The state of	1 10 10 15 15 15 16 10 100 100
	Canditians, if any, which (b)_	EWm98	Sarcoma wed metastasis 6 month
	gave rise to immediate DUE TO		
	lying cause last. (c)		
Z	PART II OTHER SIGNIFICANT COND!	TIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
CATION			PERFORMED?
FIC	200 ACCIDENT WAS UNDERLYING TO 120	SE DESCRIBE HOW INTERVIOUS	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	OF DESCRIBE HOW INDUKT OCC	CORRED. (Cities industrial industrial for the control of the contr
MEDICAL	20c. TIME OF INJURY Manth, Day, Year	200 11 10011 1 0 0 0 0 0 1 1 1 1	Oe. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State)
(ED)	Haur a.m	While Nat while at wark at wark	factory, street, affice bldg., etc.)
2			1. /2 .// 4.0. 03 .//
	21. I certify that (I) (this haspital)		
	saw the deceased alive an	23 19 1 and th	hat death accurred at M, fram the causes and an the date stated above.
	22a. SIGNATURE	. 2	22b DATE
	Laured &	Ohis.	M D PHYS DIRECTOR D PHYS W 23, 1987ED
	22c. PHYS CIAIV'S		22d. ADDRESS
	NAME (14pe) YOUNG	F. E. CHU	N 1500 Penna. Ave. Hageritown Md
23	BUR AL, CREMATION 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETE	ERY OR CILIDATORY 23d LOCATION (City, town, or county) (State)
	Burial 6.26.6	1 St. Peters	Cathalle Hancock Washington Md.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S S GNATURE
12	100 x 100 x 100	12 & Hornes	all and DATE JUN 28'61 arthur & thrus
I A			



7283

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0	777	0	mj	6
Reg. Dist. No.	U	-	6	1	6

1. PLACE OF DEATH o. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Intilitation: Residence before odm o. STATE Maryland b. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to										sion)		
1 .	and give neatest town	l _*		c. LENGTH OF STAY IN	łЪ			1.		give ne	arest tow	N
	Coute # 4			16 yrs.			ite#4	Hagers	town			
	Rout	e#4	fit uot to soft	pital, give street address]		d. STREET ADDRESS ROW	ite#4				ON A	FARM?
	NAME OF DECEASED (Type or print)	Hon	int Le.t.	Middle		Marguiss.	4. DATE OF DEATH	June.		Day 23	Ye-	7.1
<u> </u>	SEX	6. COLOR OR RACE			T) 8.	DATE OF BIRTH	Joseph	9. AGE tin years	IF UNDER 1			R 24 HRS.
	Male	White	WIDOWED			Dec. 27, 189	4	lost birthdoy) 66 yrs.			Hours	Min,
10o	. USUAL OCCUPATION	N Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTR			1 00	12. CITIZ	EN OF	WHAT C	OUNTRY?
ľ	Carpenter			Construction		Pine Cour	rty. 9ll	4		US	A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		ver Abrask		uiss		Sadie	E. Whit	e				
	WAS DECEASED EVI	R IN U.S. ARMED FO	Faerwool			ORMANT		Address				
	No		35	1-07-0528	ξ.	E. Marqui	15	Hagerst	own, M	lary	land	
		TH [Enter only one co 'H WAS CAUSED BY:	ivie per line f	for (o), (b), and (e).]						ONSET	AL BETWEE	N
	1012 MMEDIATE CAUSE (6) Caretral Campribage							10 cinutes				
	171.3	DUE TO)									
	Conditions, If as gove rise to immed	iale couse		nona Involv			Temper	al &		13	year	*S
	(o), stating the couse last.		54X-1 -1	lary Area O	f Pa	nce.						
ATION		ER SIGNIFICANT CO		NTRIBUTING TO DEATH 6	SUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART		PERFOR	
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCURRE	D. (Ent	er nature of injury in P	orl I or Port II	of item 16)			· ·	_لما ٢٠٠
MEDICAL	20c TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yo	While	Not while	PLACE	OF INJURY (Home, fa y, street, affice bldg., e	rm, 20f. (Cit	y or tawn)	(Cour	nty)		(State)
	21. I certify th	at I took charg	e of the r	emains described	abov	e, held an Autop	sy 🔲, I	nspection 📝	Inquiry	y 🔲,	and fi	nd that
	death resulted	from: Natural	causes 🖺], Accident [],	Suici	de 🔲, Homicia	ie 🔲, U	ndetermined o	cause 🔲.	. —		
		1	2	4							DATE SIG	CAMED
	ACTUAL URE	NOW	24	100		M.D. CHIEF MEDICAL	_	•			DATE SI	91410
	EXAMINER'S NAME (Type)	E.W. Ditto	Ir.	M.D.		ASSISTANT MEDICA			1 →2!·-	1		
220	BURIAL CREMATIO REMOVAL (Specify)	N, 22b. DATE THERE	OF /6/	22c. NAME OF CEMETERY			L La	TION (City, town,	or county)	44	(Stote)	
23	FUNERAL DIRECTOR	S SIGNATURE	7/	Rest Haven	(e	240 PF	"D BY PEGIS	erstown	STRAR'S SIG		ylan	id .
2.3.	10	en Inneral	. Chape		own	Md. DATE!	JN 2 3 '6	1	3 441 23 1	12, CATTAINE		
	Why	.4.4	Horo	, &								

VS. A15ME(5) 5M 9/55



3.7 T	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
1	CERTIFICATE OF DEATH	07273					
director director	1. PLACE OF DEATH a. COUNTY Was hin 7" N MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE o	- 1					
funeral	b. CITY OR TOWN (If outside deporate limits, write RURAL and BURAL	md.					
by the	d NAME OF HOSPITAL (If not in hospital, give street oddress) Washitution Co. HOSPITAL (If not in hospital, give street oddress) Maugansville, ma	e. IS RESIDENCE ON A FARM? YES PH NO					
thin thin ly filled in death.	3. NAME OF DECEASED (Type or print) NATHAN 3. Middle MARTIN DEATH JUNG	3 1961					
<u> </u>	WIDOWED DIVORCED Q 5/1915 Lost birthday) Manths						
	TOULTRY FARMER Wash. Co, md.	TIZEN OF WHAT COUNTRY?					
ع د د د	Daniel MARTIN Rebecca Shan	K					
or certificate ing physicio	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. for unfrough) (If yes give war or dates of service) 219-12-0709 Mo. Bertha Martin	manganovo					
he deoth ce cottending en pleose re i in ony eve	18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) User to my occardial infarefrom	ONSET AND DEATH					
that the o lby the o iit. Then ral, and i	Conditions, if ony, which (b)	•					
requires toon. In signed kisit permit	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> Commediate cause (a), stating the <u>under-lying cause last.</u>						
physici physici nos bee iol-tron otion, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	ART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO					
Hendi fical fical fical							
PHYSIC ol or of his cert r use os r to buri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white foctory, street, office bldg., etc.) P. m. 19 at wark at wa	(County) (State)					
NDING e hospit : After ched fo (the prior	21 I certify that (I) (this hospital) attended the deceased fram. J28 1961, to 613, 19 saw the deceased alive an 613 1961, and that death accurred 5.P.M. fram the causes and an time	L, that (I) (we) last he date stated abave.					
OR ATTEN ined by the DIRECTOR: Ild be defected ord of Health	220 SIGNATURE John Hom Cale MD. ATTENDING MED DIRECTOR PHYS	22b DATE SIGNED					
	John H. Hornbaker, M.D. 22d ADDRESS 154 West Washington Hagerstown, Md.	on St.,					
O HOS TO PORT OF THE POST OF THE STOTE BO	230. BURIAN CHANTON, 236 DATE HEREOF 23c MONE OF GEMETERY OF CREMATORY 23d. ACCATION (City Town, or county REMODIC Specify) 0/6/6/ LUFF CLIL. 22d. ACCATION (City Town, or county	Md.					
VR A15 (4) 15M 9/59	24 FUNDAL DIRECTOR'S SIGNATURE (ADDRESS) 250. REC'D BY REGISTRAR 256 REGISTRAR'S DATE 111 8 '61						
1 300	Pa.						



death, as 4 may be retained by the hospital or attending physician.

TO FULLIAL IIII CONTRACTOR After this certificant has been signed by the attending physician and complished filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect.

TO HO

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 07274

1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased I ved, it institution; Residence before edmission)
Washington MARYLAND	* STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate him ts, write RURAL and give nearest town)	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
Hagerstown 19 yrs.	Hagerstown
d NAME OF HOSP, TAL OR INSTITUT ON (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
lll North Locust Street	Ill North Locust Street YES NO X
3. NAME OF First Middle DECEASED	Lesi 4. DATE Month Dey Year OF
IT was a second of the second	RIDE DEATH June 2 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Devs Hours Min
	December 37,1876 84 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dob. KIND OF BUSINESS OR INDUST done during most of working life, even if retired) 10 B tern 10 CTY 1 1	RY 11 BIRTHPLACE County & State, or fore on country) 12. CIT.ZEN OF WHAT COUNTRY?
Supervisor W RR. R. Ilroad	Patterson Creek, USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Colum McBride	Lary V.Ullum
15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes, no, or unkown), (Hyesgivewarordelesofservice)	
	Ira W.AcBride 437 Goethe St.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)]	INTERVAL BETWEEN ONSELAND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of Occlesing a infantion 3 blay
47 n.n DUE TO	92 -1 1.
Conditions, if any, which (b)	lively Man ayeare your
gave rise to immadiate ceusa (e), steting tha underlying DUE TO	
cause lest. (c)	
ART U. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART (19) 19. WAS AUTOPSY PERFORMED?
3 Millian Orallin probe	we. Dunte want work, YES \ NO IX
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of Item 18.)
	ACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stete)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) ettended the deceased from	
saw the deceased alive on	at death occured at
22e. SANATURE	ATTENDING MED. STAFF 2 JUNE 1961 SIGNED
22c PHYSICIAN'S LONG	PHYS DIRECTOR PHYS. 2 JUNE, 1961
NAME (Type)	
RICHARD L. BINFORD, M. D. 238. BURIAL, CREMATION, 23B. DATE THEREOF 123C. NAME OF CEMETERY	OR CREMATORY 123d, LOCATION (City, town or county) (Stele)
REMOVAL (Specify)	
Burial 6/4/61 Rose Hill 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cenetery Hagerstoon, Wah. Co. L.d.
Andrew K. Coffman Hagarstown, Lary	vland DATE JUN 7. 161 Chilling S. Thinks

core in the set of the set of the de

MADVIAND STATE DEPARTMENT OF HEALTH

Mary .		7286 DIVISION OF STATISTICA		ID RECORDS — BALTIA	MORE 1, MARYLAND	07275
M	1 (PLACE OF DEATH 5. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who STATE Maryland	ere deceased lived If institution. b. COUNTY	Res dence before odmission) Washington
(W)		RURAL and give nearest tawn)	7 yrs.		utside corporote limits, write RURA rstown	it ond give nearest town)
113		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital		d. STREET ADDRESS	ginia Ave.	e. IS RESIDENCE ON A FARM? YES NO
£	3.	NAME OF First DECEASED (Type or print) Katherine Louis	Middle e M	losi lentzer	4. DATE Month OF DEATH June	Doy Yeor 21 19 61
after death	5. 5	SEX 6 COLOR OR RACE 7. MARRIED NEVE	R MARRIED . B.	. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS onths Doys Hours Min
	_	USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Planner Airci	INESS OR INDUST		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
T	13	FATHER'S NAME Franklin P. Mentzer		14. MOTHER'S MAIDEN N.		
event, within 72	IS. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU- 10. or unknown) If yet give war or dates of service? 215-20-9		FORMANT	Address	Hagerstown,
in any		1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Brain Al		a the control to the		INTERVAL BETWEEN ONSET AND DEATH
r remaval, and		Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO DUE TO (b) (c)				ate.
	CATION	Diabetes Wellitus. Art iovascular Disease. Intr	eriosci acapili	erotic and ary glomeru	Hypertensive Ilonephritis.	PART (b) 19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	200 ACC DENT WAS UNDERLYING [] 206 DESCRIBE HOW II OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED	(Enter nature of injury in P	art I or Port II af item 18.)	
to bur	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCU While Not work p. m. 19	le focts	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f (City or Jown)	(County) (Stote)
		23. I certify that (1) (INIX MONTAL) attended the desaw the deceased alive an June 21 1961	eased fram.			
		220. SIGNATURE Jugman, M.J. 220. PHYSICIAN'S W. T. Layman, M.D.	М	22d. ADDRESS 1 CO	Professional	
State	230	PEMOVA (Specify)	OF CEMETERY OR	CREMATORY	erstown, Mary 23d. LOCATION (City, lawn, or c	ounty) (State)
the Sk	24	Burial 6-24-61 Mt. (Cemetery 25a. REC'E	Lovettsvill BY REGISTRAR 256 REGISTR.	

25a. REC'D BY REGISTRAR

Lovettsville 25b REGISTRAR'S SIGNATURE Children S. Kines

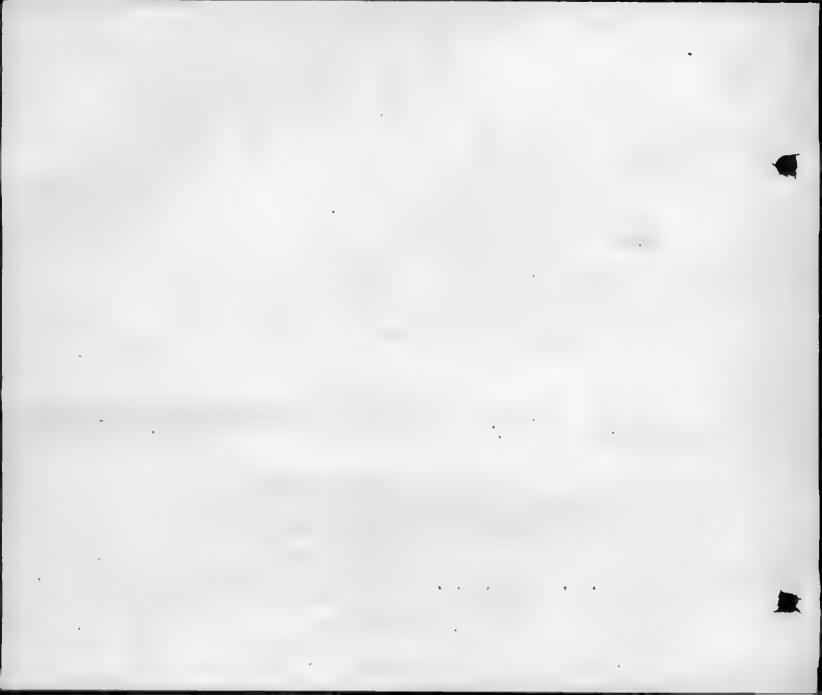
VR ATS (4) 1SM 9/59

ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3 vrs after death Page 4

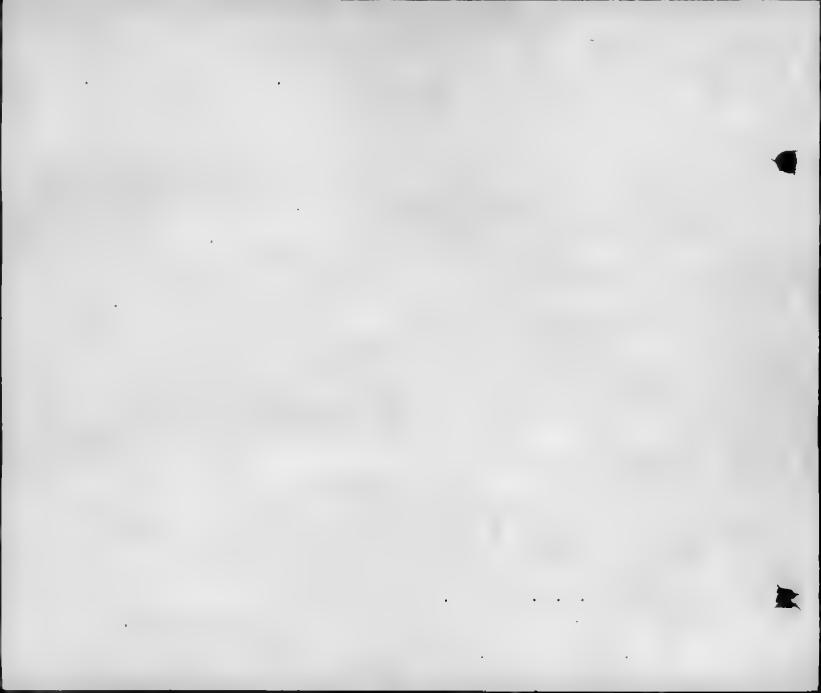
Scott F. Minnich & Son

Hagerstown

Md DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) delay is necessary, nerel director, Page ned for your files, ste Board of Health, a. COUNTY Washington e. STATE b. COUNTY Md. Wash. MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete I mits, write RURAL end give neerest town) Write RURAL and give neerest lown) Funkstown Funkstown months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE and 3 to the tuneral ON A FARM? retained State YES NO X 3. NAME OF Middle 4. DATE Month Dov Yeer DECEASED OF the Carrie (Type or print) Eva Miller June DEATH 61 10 200 with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH may ! This certificate should be executed within 24 hours after des a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 dical Examiner's Office along with form PM3. Page 5 may uld be used as a burial-transit permit, File pages 1 and 2 wit cremation, or removal, and in any event within 72 hours. est birthdey) female white June W DOWED [DIVORCED [10e USUAL OCCUPATION (Give kind of work 10b, KNO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Smithsburg, USA domestic house work 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Albert Revnolds Lula Kendall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgive weror detesofservice) Elmore Miller. Funkstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Arterioscle Totic Heart Disease Recent IMMEDIATE CAUSE IN DUE TO Conditions, if eny, which execute the certificate, writing the word "pending" lid be forwarded to the Chief Medical Examiner's (NERAL DIRECTOR: Page 3 should be used as a besignated agent, prior to burial, cremation, or rem gave rise to immediate cause DUE TO (e), stelling the underlying cause last. PART I.. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO E 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (State) factory, street, office bldg., etc.] Not While Hour am el work et work 21. I certify that I took charge of the remains described above, held an Autopsy 📄, Inspection 🔀 Inquiry and in my opinion death resulted from: Natural causes T. Accident Su'cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** NAME (Type) Di to In Add Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 9920 7 22d. LOCATION (City, lown, or country) Ä REMOVAL (Specify) 6-7-61 Rose Hill Cemetery Hagerstown, Md. ₫40 O burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Scott F. Minnich & Son, Hagerstown, Md. DATE JUN 8 arthur S. Kraus 5M 7/59

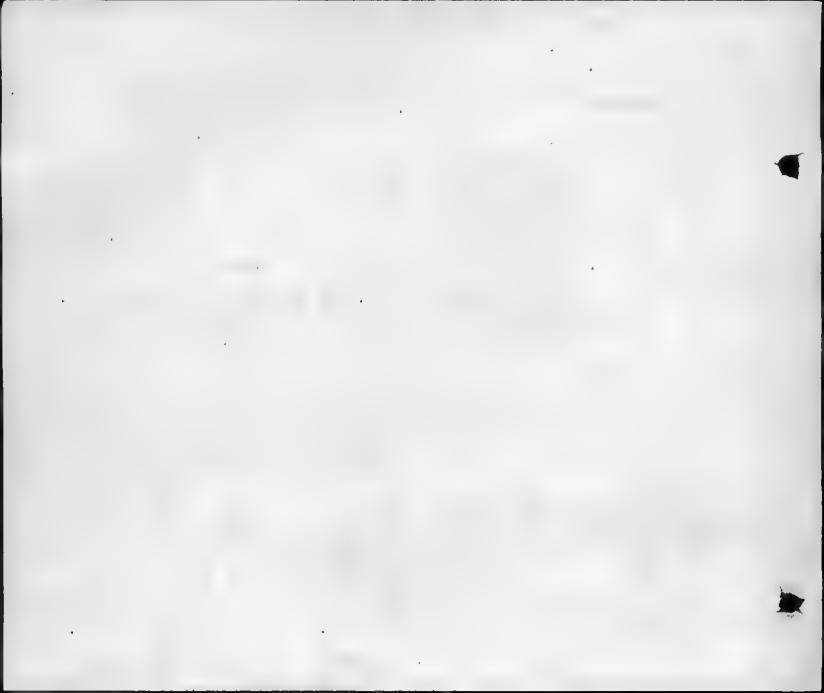


TO HO

VR A15 (4) 15M M/MM

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ı	1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where of a. STATE	deceased lived. If institution, Residence B. COUNTY	idence befare admission)			
	b. CITY OR TOWN (If autside carporate limits, wri RURAL and pive nearest town) HAGERSTOWN	ile c. LENGTH OF STAY IN 16 55 YRS.	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) HAGERSTOWN					
	d. NAME OF HOSPITAL (If not in haspital, give strong institution WASHINGTON COUNTY F	reer address) HOSPITAL	d STREET ADDRESS 5 ENGLEWO	OOD RD.	e. IS RESIDENCE ON A FARMY YES NO			
	3 NAME OF DECEASED (Type or print) HAZEL	MAY MI	T T TIP	DATE Month DEATH JUNE	Day Year 4 19 6]			
	TOTAL AT TO MOST TIME	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 9/9/1885	9. AGE (In years lef UN Mant 75 yrs	DER 1 YEAR IF UNDER 24 HRS hs Days Haurs Min			
	10a. USUAL OCCUPATION (Give kind of wark dane) during most of working life even if retired)	10b. KIND OF BUSINESS OR INDU HOME	STRY 11 BIRTHPLACE (State or for MARYLANI		U.S.A.			
	DANIEL I. ROHRER		MARY C. NI					
	(Yes, MAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT IR. TOM O. MII	LER HAGERST	OWN MD.			
	IB. CAUSE OF DEATH Enter only one cause property of the part 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	er line far (a), (b), and (c), 1 Myoczndie Coronzny Diebetes	1 interct thrombor Mellitu	in	INTERVAL BETWEEN ONSEY AND DEATH TOTAL			
	PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO			
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20	DESCRIBE HOW INJURY OCCURRED Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 12		(County) (State)			
	A Haur a.m.	/hile Nat while fo	ctary, street, affice bldg . etc.)	, (City di Tatriy	(cosmy) (area)			
	21 I certify that (I) (this hospital) att saw the deceased alive an Tune		F&b 1921 death accurred at & A.M.	from the causes and an	the date stated above.			
	220 SIGNATURE 22c PHYSICIAN'S NAME (Type)	Jan-	M D. PHYS MED. MED. PHYS 22d ADDRESS 2 1/4	or D STAFF D	22b. DATE SIGNED C ST Cof Cof Cof			
	23g BUDIAL CREMATION 123h BATE THEREOF	1/40FFme) 23c. NAME OF CEMETERY O	THE 2 SA	LOCATION (City, town, or cour	hiy) (State)			
	BYNAT AL BECTY 6/7/61 24 FUNERAL DIRECTOR'S SIGNATURE	ROSE HILI	CEM.	HAGERSTOWN REGISTRAR 256 REGISTRAR	MD.			
	U.J. Romentil	Hazerstoner	Tro DATE UN 8		S. Frank			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7289 CERTIFICATE OF DEATH

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased tived, If institution: Residence before edmission)
COUNTY	a STATE DE
Washington MARYLAND	Maryland Washington_
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Williamsport 40 yrs.	Williamsport
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS , o. IS RESIDENCE
	ON A FARM?
141 N. Conococheague St.	141 N. Conococheague St. YES NO M
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Daniel Frederick Mi	tchell Sr. DEATH June 16 1961
5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7.7	lest birthdey) Manths Deys Hours Min.
Nale White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST	July 7 1888 72 yrs. 11 8 RY 11. BIRTHPLACE (Country & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Labor	Pennslyvania U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(unknown) Mitchell	Unknown
	INFORMANT 1205 WaynedressAve.
(Yes, no, ar unkown) (Ifyesgivewerordetesofservice)	
No 215 09\7356	Daniel F. Althoughl Jr Hagerstown Md
18. CAUSE OF DEATH (Enter only one cause per lipe for (e), (b), end (c).]	INTERVAL BETWEEN OMSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Co. N. O. V. Land the Muller
	- so the company of the transfer to the
920, DUE TO	
Conditions, if eny, which (b)	
geve rise to Immediate cause (e), stating the underlying DUE TO	
cause lest.	•
PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS ALTOPSY
<u> </u>	PERFORMED?
5	
OR CONTRIBUTING [7] CAUSE OF DEATH .	D (Enter neture of injury in Pert I or Part II of item 18.)
101	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour a.m. While Not While to work the two two the two the two the two the two two the two two the two	tary, street, flice bldg fetc.)
21. I certify that (I) (this hospital) attended the deceased from.	19, to f (6. f (5), that (1) (we) last
saw the deceased alive on	t death occurred and M. from the causes and on the date stated above.
22e. SIGNATIONE	22b, DATE
tall to	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS D
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type)	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	767
Burial June 19-61 Riverview	Cemetery Williamsport Md.
24 FINTERAD PERECTOR'S SEGRETURE A ANDRESS +	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(11/ha Today Williamscon)	DATESUN 1 9 '61 Cillun S. Kinus
- Company () - Company	PAIL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

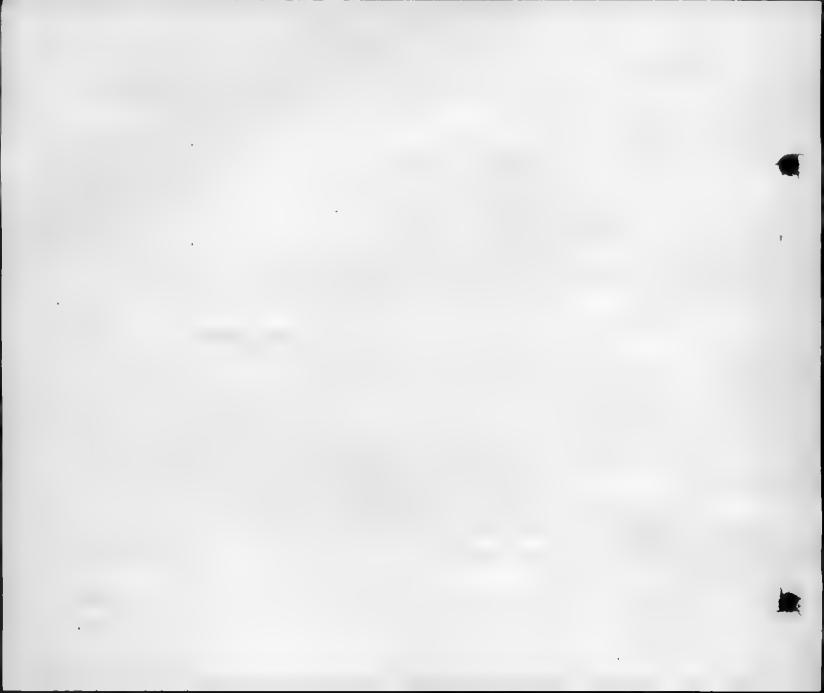
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4	2 % * U	CERTIFICA	IE OF DEATH		61613
7	PLACE OF DEATH	MARYLAND	2 USUAL RESIDENCE (Where de a. STATE	ceased lived If institution b. COUNTY	Residence befare admission)
j	Washington		Maryland		Washington
	 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside	carporate limits, write RUR	AL and give nearest town)
	Hagerstown	42 years	- Hagers	town	
5	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION County Hos		d STREET ADDRESS	c Ave.	e is residence on a farm? YES T NO T
	3. NAME OF FIRST	Middle	Last 4. D		
	DECEASED				Day Year 4 19 6:
	5. SEX 6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HR
j	Male White WIDOW	/ED DIVORCED S	ept. 20, 1890	70 yrs.	Aanths Days Haurs Min
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY
		vall paper	Tilghmanto	n. Md.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	Samuel Moats		Anne Muns	son	
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	(Yes, no, or unknown) (If yes, give wer or dates of service)	Ar	thur M. Moats	Hagers	town, Md.
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).] /	. 1	,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Inca Olu	1 to yludge	blove	ONSET AND DEATH
	DUE TO	1			
	Conditions, if any, which)	inche (FRAD TOUT		
	gave rise to immediate		^	0	1
	tying cause tast.	1 pullsiva	Carrey-Van	ocular Vi	eine
	Part II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		SEASE CONDIT ON G VEN	PART 1(a) 19 WAS AUTOPS
		arterio ~/	sellions		YES NO
vi	200 ACCIDENT WAS UNDERLYING (2006. DES OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I c	r Part II of item 18.)	
		INJURY OCCURRED 20s. PLA	ACE OF INJURY (Hame, farm, 20f	(City or town)	(County) (Stat
	Havr a. m. While	Nat while fac	lary, street, affice bldg , etc)	•	feeenshi teres
			77 44 5 /1	1 2 2 1	
	21 I certify that (I) (this hospital) atten-		77445 196%		., 19_ 4 , that (I) (we) l a
	saw (he)deceased alive an	7 19 (a) and that d	eath accurred atM, Ti	rain the causes and	an the date stated above
	Sidney hove	volein,	ATTENDING MED DIRECTO	STAFF	6-5-6/ SIGNE
	22c PHYSICIAN'S NAME (Type)	an I de actif	22d. ADDRESS	STAWN	/ / / ·
	(KAMEA)	1000113121	In Init	710011	
	230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OF	R CREMATORY 23d. I	OCATION (City, town, or	
	Burial 6-6-61		n Cemetery	Hagerstow	
,	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa REC'D BY R	EGISTRAR 256 REGISTE	RAR'S SIGNATURE
	Scott F. Minnich & So	n Hagersto	wn. Mel DATERIN O	761 0 -1	02

may Estained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board at Health prior to buriol, cremation, ar remaval, and in any event, within 72 hours ofter death. urs ofter death. Page 4 AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO H09 VR A15 (4) 15M 9/59



7291 **CERTIFICATE OF DEATH** Rea. Dist. No I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY FRANKLIN WASHINGTON MARYLAND funeral Id be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) HOURS WAYNESBORO HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE WASHINGTON 247 PHILADELPHIA AVE. ON A FARM? COUNTY HOSPITAL YES NO V NAME OF Middle Loc 4. DATE Day Year DECEASED OF DEATH (Type or print) GARDNER HOWELL MOATS JUNE 19 61 S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Hours Min. FEB. 20, 1915 MALE WIDOWED FT DIVORCED | popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stale or fareign country) during most of working life, even if relired) 12 CITIZEN OF WHAT COUNTRY? LANDIS MACH, CO US Foreman Maintance Tilbhmenton. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Leslie Mosts Mary Lambert IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No 217_10_3118 Mrs. - Mabel Mosts - Warmesboro Pa 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) PULMONARY EMBOLUS MINUTES DUE TO THROMBO PHLEBITIS LEFT LEG Conditions, if any, which ONE WEEK Ē gave rise to immediate **DUE TO** cattse (o), stoting the underlying couse lost. buriol-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Bronchogenic carcinoma disseminated lings bilateral.
TWAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I at Part II at item 18.) 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERT 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Slate) factory, street, office bldg., etc.) a. m. While Not while ol wark 🔲 of wark 🔲 21. I certify that I attended the deceased from JUNE 19.61. to JUNE 7 ... 161_,that I last saw the deceased JUNE and that death occurred at 9:10PM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) **ACTUAL** SIGNATURE JUNE PHYSICIAN'S SOHN NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Waynesboro, Franklin Co. Green Hill 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 1 240 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7292 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND NASHINGTON MASHINGTON 臣 the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) HAGERSTOWN BGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION OURITY HOSPITAL 205 S. MORIT WASH YES NO P oug NAME OF First Middle 4. DATE OF Month Year DECEASED (Type or print) Poges DEATH 19 6 MBERI IRRA YDIRI DIE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. Days Months DIVORCED [WIDOWED | FEMALE yrs. 2.5 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 haurs o WAYSON LENIORA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT lending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ONSET AND DEATH **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day. Year 20d, INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour a. m. While Not while of work all work p. m. 21. I certify that I attended the deceased from . 19 6 hune 11, 196 Lithat I last saw the deceased and that death occurred at 2 12 M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 9 shauk PHYSICIAN'S NAME (Type) AGERSTOWN JR. R 220. BURIAL CREMATION 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 23. FUNERAL/DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE UN 1 5 '61 Critico & though

death.

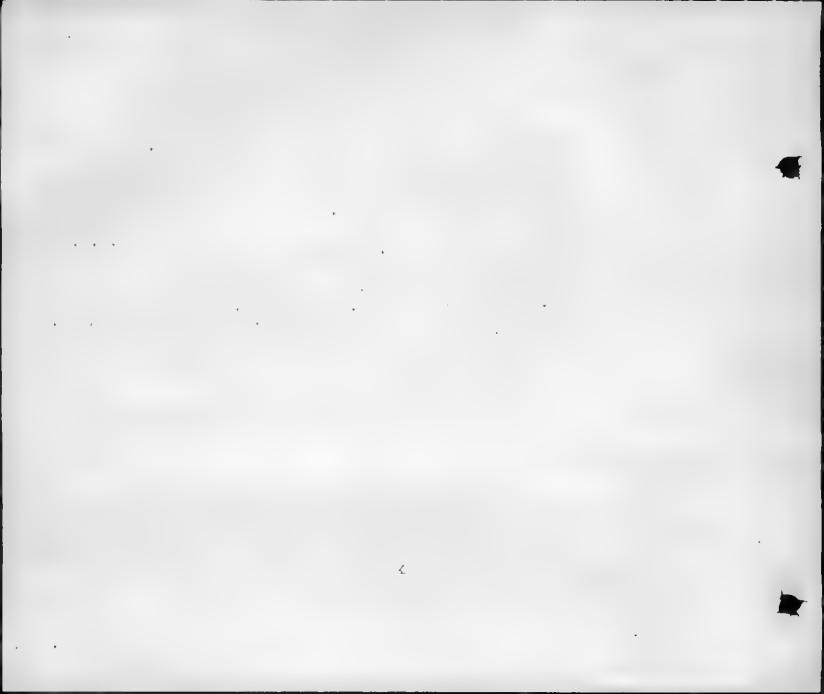


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

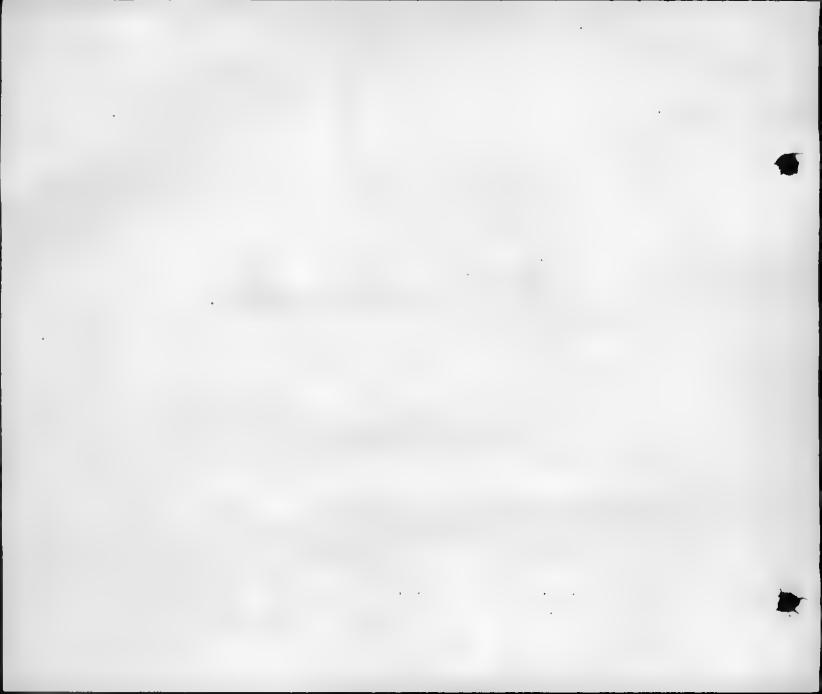
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e G	char. *##	8.8	1.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived it	finstitution: Residence before admission)
2	filed /		/		COUNTY
ć	- F		-	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits	ontgonery
eat	be			RURAL and give nearest town)	, while KOKAE and give houses lowing
-D	aufd a		1_	Hagerstown 3 Mos Silver Springs	*
of te	sho	4 12		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
2	25	1 1	4	Western Maryland State Hospital 8648 Piney Brance	
Š	i an		3.	3 NAME OF Servet Middle Levet 4 DATE	Month Day Year
	P - 2			(Type or print) John WIII 2 M MYFPS DEATH	L # 196/
=	fille iges 1		\vdash	VIIII VIII I I I I I I I I I I I I I I	In years IF UNDER 1 YEAR IF UNDER 24 HRS
毫	Property of		1	lost bi	rthdoy) Months Doys Hours Min
0	plet ars. afte			Male White WIDOWED Nov. 22, 1899 6	yrs.
C T	age ST	Maria .	100	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
ED XX	d of d			Salesman Continental Baking Shepherds town	U.S.A.
90	P 20 C		13	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
0	F. 6 g.			William Myers Anna Coe Brother	h
D C	ysic ove wit		16	Villiam Myers Anna Coe Brother	Address
100	Ph em,			Wet me at coloring and an arrangement of the state of the	
č	ing se r			no 578-09-6641 Mrs. Largaret A. Mye	rs, 8648 Piney
eo	lea:			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Branch Rd., Silve	er Springerervaletween
ф Д	\$ c =			PART I. DEATH WAS CAUSED BY. LOBULAR PREUMONIA, bilatera	L 4 days
후	The Ind			1 / 1 DUE TO	
tho	À : - €			conditions, if ony, which (b) carcinoma of Larynx a carcinoma	hosis 11. 1/2 NEGre
8	rmi avo				272373 77273
. in	g a			couse (a), stating the under-	
re	E E		_	lying couse lost. (c)	
W O	tro tro	400	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
P d	a io		- 3	Z	YES ANO
T ::	bur bur	918,39	HE	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port II of ster OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	n 18)
AN	Fig.		CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	as as		18	3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town)	(County) (State)
높	2 5 G		MEDI	Hour o. m. While Not while foctory, street, office bldg., etc.)	
- To	手るた		≨		*
N S	ffer d f			21 I certify that (I) (this haspital) attended the deceased from March 24. 1967, to The	e, 19_b_/, that (I) (we) last
S	્રું ફું ક	W		saw the deceased alive an August 196, and that death accurred at A M, from the cau	uses and an the date stated abave
H	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			220 SIGNATURE 4:10	22b DATE
₹ 6				Victor L. Ramas, MD ATTENDING DIRECTOR DYSTAFF	SIGNED 11/10 5 1961
0 5	3 5 5			22c PHYSICIAN'S 22d ADDRESS ZUOSANON, MI	
A S	Boo			NAME (Type) VICTOR L. Rainos, m.D. Hagerstown,	
	ERA 3 sh				
0,	FUN oge		230	230. BUR AL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d ŁOCATION (City	y, town, or county) (Stole)
T C	P od			Burisl 6/7/61 Elimond Cenetery Shepherd	stown, JeffersonCtv
ř	H		24		SE REGISTRAR'S SIGNATURE TO THE
VR A	15 (4)		,	Charles of Coff. do. Honoralana. A. DATE JUN 8 '61	Cirthun & Krows
2 2000					

urs after death. Page 4 in by the funeral director,



certificate



urs after deoth. Page 4

AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

TO HC

VR A15 (4) 15M 9/59

7295

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 1					0 0 0 2
	o. CWashington	MARYLAND	2 USUAL RESIDENCE (Whe		ion: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write WITTIBMS POIT	L Week	c. CITY OR TOWN (IF or		RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of National Pike	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
			Downsville		YES NOX
	3. NAME OF DECEASED (Type or print) Clarence	Middle Russell	Norris	4. DATE Moi OF DEATH June	
	5 SEX 6. COLOR OR RACE 7. MARR WIDOWE	HED NEVER MARRIED	B. DATE OF BIRTH July 5 1906	9. AGE (In years last birthday) 54 yrs	Manths Dovs Hours Min
	10o. USUA. OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		TRY 11. BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME		Veaverton		U. S. A
		t	Myrtle E.	Series.	
)	William A Norri		FORMANT		draws a
	(Yes, no. or Jinknown) (If yes, give war or dates of service)		. Fred Pax	404 York	
	18. CAUSE OF DEATH {Enter only one couse per fire part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE {a} Conditions, if ony, which } gove rise to immediate DUE TO	in for (a), (b), and (c).	an tial d	Selferetio	ANTERVAL BETWEEN ONSET AND DEATH
	lying cause lost. (c)			l	
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL D SEASE CONDITION GI	IVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort I or Port II of item 1B)	
	20c TIME OF INJURY Month, Day, Year 20d. It While p m 19 of Fort	Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg. etc.)	20F (City ar tawn)	(Caunty) (State
	21 1 certify that (1) (this hospital) attends saw the deceased glive an	11.6	eath occurred of A	M from the couses of	nd on the dote stated above.
	220 SCHATURE TO CICL	Contract of the contract of th	M D PHYS DIE	STAFF PHYS	22b) D21c
	NAME (N/pe)			a company of the same of the s	Ja Va Cama
	230 BURIAL (REMATION, 235 DATE THEREOF BURIAL (Specify) J ne 22-61	Boonsboro		23d LOCATION (City, 10wn, Boonsboro	or cooling (State)
	24. FUNERAL SURECTOR'S SIGNATURE	lemgent,	MA 250. REC'D		SISTRAR'S SIGNATURE



VR A1S (III) 1SM 9/59

7296

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1, PLACE OF DEATH o. COUNTY		2, USUAL RESIDENCE (Where decease o. STATE	sed lived. If institution: b. COUNTY +:	Residence before admission)
	WASHINGTON	MARYLAND	MARYLAND	V	VASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURA) and a ve negrest town) HAGERSTOV'N	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con		AL and give nearest town)
/	d NAME OF HOSPITAL (If not in hospital, give street or	1½ YRS.	d. STREET ADDRESS	4	e IS RESIDENCE
	1620 DUAL HIGHWAY	Jul goot	1620 DUAL HI	GHWAY	ON A FARMA, YES NO P
	3. NAME OF First DECEASED	Middle	Losi 4. DATE OF	Month	Day Yeor
	(Type or print) STEWARD CL	ARK PAXT	ON SR. DEAT	40212	18 1961
		D NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
	MALE WHITE WIDOWED	94	6/26/1865	95%	
	100 USUAL OCCUPATION (Give kind of work done 10b. K RETTERD PATTERN MAKER		FG • MARYLAND	country)	U.S.A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
`)	JOSIAH PAXTON		UNKNOWN		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO		R. STEWART C. F	PAXTON JR.	
	IB. CAUSE OF DEATH [Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, If ony, which gove rise Io immediate couse (o), stoting the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CO. CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Jo Cardia Wilesing ONTRIBUTING TO DEATH BUT	Control of injury in Port I or P		INTERVAL BESWEEN ONSET AND DEATH ONSET AND DEATH IN PART 1(0) US. WAS AUTOPSY PERFORMED? YES NO
] 	Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	ity or town)	(County) (Stote)
1	21 I certify that (I) (this hospital) afterders as the deceased alive on 220. SIGNATURE 22c PHYSICIAN'S NAME (Type) D. J. Bover, M. D.	19 6 ond that d	M.D. ATTENDING MED DIRECTOR [STAFF PHYS	on the date stated above. 22b DATE SIGNED erstown, Maryland
	23d. BURIAL CREMATION, 23b DATE THEREOF 6/20/61	23c. NAME OF CEMETERY O ELK VIEW ADDRESS	0-	ARKSBURG ISTRAR 256 REGISTR	W VA
	Wid Marine	FERENCIALLY,	Date JUN 21	'61 Call	lun S. Kraus



VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

Dillower (MCT-CALL	CII MI	D KECK	2453		~
CER	PTIFI	CAT	FO	F D	FΔ	TH

07986

1. PLACE OF DEATH a COUNTY INTO A PART AND MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) of STATE b COUNTY					
b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
RURAL and give nearest lawn)						
d NAME OF HOSPITAL (If not in haspital, give street address)	RuralWoodbine					
W. Md. State Hospital	d street address R.D. # 1 S RESIDENCE ON A FARM? YES XE NO					
3. NAME OF First Middle	Last 4. DATE Mapth Day Year					
(Type or print) Harvey Russell	PICKETT DEATH 6 2 196					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min					
male white widowed Divorced	11-15-1902 Idst birthday) Manths Doys Hours Min.					
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI						
during most of working life, even if retired) farmer-retired owner	Maryland U.S.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Harvey E. Pcikett	Florence I. Conaway					
	INFORMANT Address					
no of unknown) (If yes give wor or dates of service) 216-22-7596 M	rs. Bertha K. Pickett same as 2					
1B. CAUSE OF DEATH [Enter only one couse per line (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY:	PART I. DEATH WAS CAUSED BY:					
DUE TO						
faren Chyma Tous Cere hellar deam eners 10 mean						
gave rise to immediate						
lying couse last.						
(6)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19 WAS AUTOPSY					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? ALICENSE TO LONG. AUCHTOLICENSTAND LONG. AUCHTOLICENSTAND LONG. TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? TO SEASE TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?						
GIF EITHER, NOTIFY MEDICAL EXAMINER)						
# I	PLACE OF INJURY (Home, farm 20f (City or tawn) (Caunty) (State) octory, street, affice bldg., etc.)!					
Hour o.m. 19 at wark at wark	selecty, silees, office blogs, etc.)					
21 I certify that (I) (this hospital) attended the deceased fram fan 19 . 1961 . to June 2 . 1961, that (I) (we) last						
saw the deceased alive an that e. 2. 1961, and that death occurred at P.M. from the causes and an the date stated above.						
22a SIGNATURE	3 - 5 5 22b DATE					
Hanny & Plans	M.D. PHYS DIRECTOR PHYS Drune 3 196 PHYS					
122c PHYSICIAN'S YEUNG E. CHUN	1500 Penna. Ave. Hagerstown, Md					
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town, or county) (State)					
REMOVAL (Specify)	hurch of God Carroll Co. Md.					
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE					
C. M. Waltz, Winfield, Md.	DATE JUN 6 '61 Oriling S. Krous					



FOR STATE HEALTH DERT. please metule the certificate whiling the mord "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Re	sidence before edmission)
١L	». COUNTY Washington MARYLAND	a. STATE b. COUNTY	
/ - 	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	d NAME OF HOSP TAL OR INSTITUTION (If not in hospitel, g ve street eddress)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
3	NAME OF First Middle	Pennsylvania Ave. Month	YES NO NO
	(Type or print) LC @	Lowers, Sp. Death June	1961
5	7. WHALE THE TENENT OF THE PERSON OF THE PER	DATE OF SIRTH 9. AGE (In yeers IF UNDER 1 Y fast birthdey) Months De	į.
1	De. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRI Jone during most of working life, even if retired)	Teb. 21, 1872 89 yrs. Y 11. BIRTHPLACE (State or fore an country) 12. CITIZ	EN OF WHAT COUNTRY?
	Penna Sand & Glass Corp.	Wash. Co., Maryland Ur	ited States
1 1	John L. Powers 5 WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 765, no. or unknown) (fyesgivewerordelesofservice)	Flizabeth Cooke. NFORMANO Pennsylvania	Aug
1,		Ida Hull Powers Hancock, Mary	land
Г	The database of partial strain strain strain to the total (a), (b), 4-10 (c),	metro, mary	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	were v geografication as	_ û hears_
	70 5.0 DUE TO		
		ight his	6 Cm 'S
	geve rise to immediate cause (e), stating the underlying DUE TO		
	cause fest. (c)		
	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (E	to his aco interneture of injury in Port or Port II of Item 18.)	YES NO
E	PRIMARY B or CONTRIBUTING D CAUSE OF DEATH.	porciat his ho e	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Mome, ferm, 20f, (City or town) (Count	y) (Stele)
MED	Hour are. 7 2019 While Not White Poets	Home Hancock Wash	. Ma.
	21. I certify that I took charge of the remains described above, he	ld an Autopsy Inspection Inquiry	and in my opinion
	death resulted from A Natural causes . Accident V. Suici	ide . Homicide . Undetermined manner .	
	10 112	CHIEF MEDICAL EXAMINER	
	SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	3/61
1,	NAME (Type) 28. BURIAL CREMATION 220 DATE THEREO 220 NAME OF CEMETERY OF	Address (Street, city, town, or county) REMATORY 22d. LOCATION (City, town, or county)	(State)
	REMOVAL (Specify)		(31010)
2	Burial 6/6/61 St. Pauls (en address)	netery 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	Mary Land
	Howard of Home Hanco	amel DATEUN 9 '61 Colling 8, to	anera



may ined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. rs after death. Page 4 LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

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VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

WII2IICWE	KESEMK	CHA	IAIN K	ECOKI	در	DALI
CE	RTIFI	CA	TE :	OF	DE/	ATH

IS RESIDENCE ON A FARM? (FES NO Yeor 1961 UNDER 24 HRS Haurs Min.
IS RESIDENCE ON A FARM? (ES NO New Year 1967 UNDER 24 HRS
Yeor 1961 UNDER 24 HRS Haurs Min.
Yeor 1961 UNDER 24 HRS Haurs Min.
Yeor 1961 UNDER 24 HRS Haurs Min.
1967 UNDER 24 HRS Hours Min.
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PERFORMED?
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tated abave
22b.DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFIC	ITE	OF	DEA	HTA

- }		44 h	4 - 1		1000
Į	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	b. COUNTY	Washington
	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16		rtside corporate limits, write R	
	(Rural) Pableville	6 month	(Rural) Ma	pleville	×
*	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Boonsboro Md. RFD 2		Boonsboro	Md. RFD #2	YES NO X
	3. NAME OF DECEASED (Type or print) Annie	Middle Vass	Renne r	4. DATE Mor	Day Year 18 1961
	5. SEX 6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED	B DATE OF BIRTH 18	82 9 AGE (in years last birthday)	
	Female White . WIDOW	VED 🔀 DIVORCED 🗌	March 3 188		Months Days Hours Min.
	100 USUA: OCCUPATION (Give kind of work done 10b ,,, during most of working life, even if refired)		1		12 CITIZEN OF WHAT COUNTRY?
	Housewife	Home	Williamsp		U.S.A
13. FATHER'S NAME					
)	Alex Mc Kelvey			inger	T.
	15 WAS DECEASED EVER IN J. S. ARMED FORCES? [16] (Yes no. or unknown) (If yes, give war ar dotes of service)		IFORMANT TO TO		Fille Boonsbord
			aymond R. Re	enner Md. RI	
	IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY	ne far (a), (b), and (c)]		1 / 4	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ACTO 31310	C. Co. 2/1/1	(4 66566	19
	743 X DUE TO	IN TITUE	62 + Z 3		361
	Canditions, if any, which (b) gave rise to immediate DUETO	LUCE LA LACE	66 4 6 3		7
	lying cause last.				
		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART I(a) 19 WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS				PERFORMED?
20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)					
			ACE OF INJURY (Hame, farm, stary, street, affice bldg , etc.)	20f (City or town)	(Caunty) (State)
	Haur a.m. p. m. 19 at we	e Nat while at wark	adiy, sireel, dirice blog , erc.		
	21 I certify that (I) (this haspital) atten	ded the deceased fram.	12 to 1 1 19	Diodirec 14	
	saw the deceased alive an state 11		F1	n f	nd an the date stated above
	220 SIGNATURE	11	/		226 DATE SIGNED
M.D. PHYS. DIRECTOR PHYS					
	22c. PHYSIC.AN'S B. WILEL	c: 1 ₁	22d. ADDRESS	store	ital.
	230 BURIAL, CREMAT ON, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town,	ar caunty) (State)
	Buria J, ne 21-61	Methodist (Cemetery	Sharpsburg	r Md
	24 FUNERAL DIRECTOR'S SIGNATURE	9 SOORESS	250. REC'E		TSTRAR'S SIGNATURE
1	Clevert & xeaf co	Misaboll	2 DATE JU	N 2 2 '61 \	relier S. Kraus



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VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

V	O. COUNTY WARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
儿	· y war ar a way	1 / Janisan V
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ŀ	tager loan 1 y	Hural state tine 19
1	d. NAME OF HOSPITAL (If norm hospital, give street address) OR INSTITUTION	d STREET ADDRESS ON A FARM?
	Stanfack Hospital	YES NO [2]
	NAME OF DECEASED (Type or print) WALTER Middle	RIPPLE DATE June 24 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9. GGE (in years if UNDER 1 YEAR IF UNDER 24 HRS tost birthday) 7 9 yrs Months Days Hours Min.
Ţ	Oc. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INC	USTAY 11. SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
)	Carpenle Carpenler	Cumberland Md V.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Ellan Doy le
ŀ		INFORMANT , Address Address
	(Yes, no., foll unknown) Iff yes, give war or dates of service)	In Meunte Hippie State - 1 a
F	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o).	of Gall Bledder 1 yr
-	55 DUE TO	
1	Conditions, if any, which) (b)	
-	gave rise to immediate Course (a), stating the under-	
	lying couse last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
- 1	200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INITIALLY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None	
		PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
1	Hour o. m. None 19 While Not while at work of work	None
	2) I certify that (I) (this hospital) attended the deceased from	August . 1960, to June 24 , 1961, that (I) (we) last
		death accurred at 7P. M. from the causes and an the date stated above.
	220. SIGNATURE	22b DATE
	Will arco	M D ATTENDING MED STAFF PHYS 6-26-61
	22c PHYSICIAN'S NAME (Type) Dr. John D. Turco	22d. ADDRESS 302 N. Potomac Street-
	for Dr. Eldon Hoachlander	Hagerstown, Maryland
	23a BUR AT REMATION 23b DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fawn, or county) (Stote)
	Juna Jun 27/6/ Claar	taun nav stagerden No
	24 FUNERAL DIRECTOR'S EIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	(Sumer Freenca	elle 19 DATE JUN 29'61 Comments



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0790+
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
Washington MARYLAND	Maryland Tashington
b. CITY OR TOWN (if outside corporete limits LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give neerest town) Hageiscomn 2 Yrs	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address)	d, STREET ADDRESS 6, IS RESIDENCE
	ON A FARM?
3. NAME OF ROYAL Apts Middle	lit Royal Apts YES NO KK
DECEASED	Last 4. DATE Month Day Year OF
(Type or print) MILDRED TEAGUE	SCHOEN DEATH June 8 1961 19
5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE [In years IF JNDER 1 YEAR IF UNDER 24 HRS.
Female Wite widowed Divorced	Jany 16 1903 58 yrs. Months Days Hours Min.
10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUST	TRY II. BIRTHPLACE (County & State of foraign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife Own House	Baltimore City, Liryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lannill Tours	Ada C red m
Lerrill Teague 15. WAS DECEASED EVER IN U.S. ARAED FORCES? 16. SOCIAL SECURITY NO 17.	Ada C. Heir
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
Unable to local	s Sheridan S. Hamilton
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)]	1407 Oak Hill Ave Hagerstownonsenand Death
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Myocardial in	1407 Oak Hill Ave Hagerstownonsenand death farction 2-3 hours
/2 () . (1) DUE TO	
Conditions, if any, which \ (b) Arteriosclero	tic heart disease Indefinite
geve rise to immadiata couse	
(a), sleting the underlying course lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
OL OLO	PERFORMED? YES NO []
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH OF THE CAUSE OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION CAUSE OF DEATH OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CAUSE OF TH	by family memory with an east of an inequality
	ACE Of INJURY (home, ferm, 20f, (City or town) (County) (State)
	ACE OF INJURY (home, ferm, ctory, streat, office bldg., etc.) (City or town) (County) (State)
P.m. 19 et work al work	
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	at death occured at
220. SIGNATURE Paul Houses	22b. DATE
Fluit 7/leade	
ZZC, PRISICIANS	22d. ADDRESS
NAME (Type) Faul Harrison, M. D.	
Taul Hall Boll, H. D.	318 N. Potomac St., Hagerstown, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Buriel 6/10/61 Rest Haven	Cenetery Hagerstown Wash Co Md
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)





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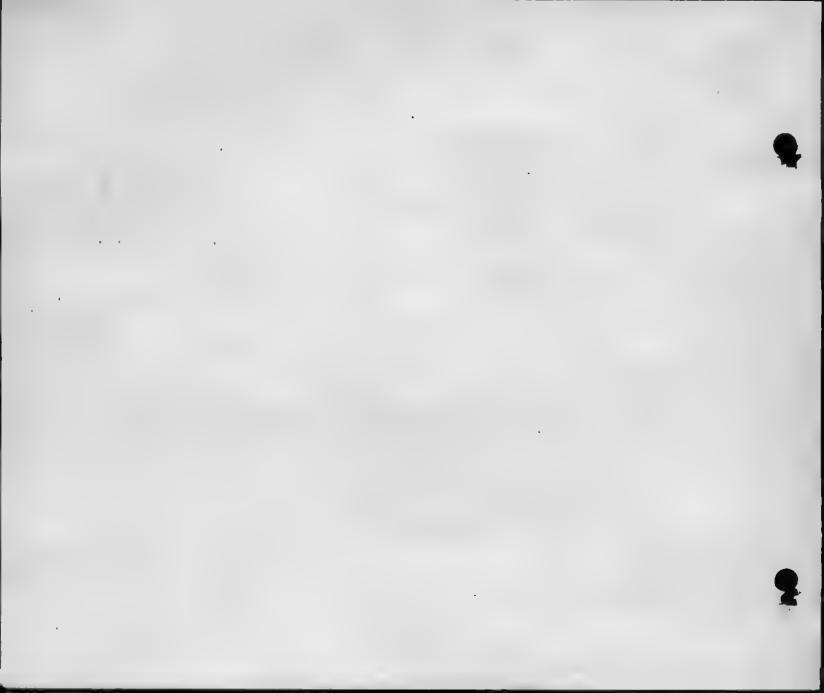
VS. A1SME SM 9/60

11

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND C7292 7303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY Washington ARRYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Washington Washington
	Washington Maryland Mary
3	Hagerstown 3 hrs. Williamsport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g va street address) d. STREET ADDRESS Je. IS RESIDENCE.
1	Washington County Hospital 18 Sunset Ave.
	3. NAME OF First Middle Last A. DATE Month Dey Year OF DECEASED (Type or print) Patricia Shank DEATH June 8 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	DIVORCED JUNE 8 1961 VII. 102 CHIZEN OF WHAT COUNTRY? 102 USUA. OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foraign country) 12. CHIZEN OF WHAT COUNTRY?
	None Hagerstown Md. U.S.A
١	Thomas Henry Shank Tomasita Montes
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18 Sunset Ave. No Thomas Henry Shank Williamsport Md.
	18. CRUSE OF DEATH [Enter only one cause per line for (p), (b), and (g)) PART I. DEATH WAS CAUSED BY: L ONSET AND DEATH
	560 a DUE TO
	Conditions, if any, which (b)
	(e), sleting the underlying DUE TO cause last, (c)
	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or lown) (County) (Steta) Hour a.m. p.m. 19 at work et work
	21 I certify that I took charge of the remains described above, held an Autopsy , Inspection Impuiry , and in my opinion death resulted from Natural causes Accident . Suic.de , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTURE ACTURE AND ASSISTANT MEDICAL EXAMINER DEPUTY ME
	EXAMINER'S NAME (Typa) Address (Street, c.ty, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CHRITERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial June 9-61 Greenlawn Cemetery Williamsport Md.
1	23. EUNERAL DIRECTOR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE LIGHT LEAST Williams S. Kinne



STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY e. STATE WASHINGTON MARYLAND CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporata limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Y.EARS LERSTOWN Bed e. IS RESIDENCE ON A FARM? YES 🔲 NO 🔽 NORTH EET 3. NAME OF completel 4. DATE DECEASED OF (Typa or print) DEATH 196/ AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. carbon 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Wit last birthday) and Months Hours WIDOWED USUAL OCCUPATION (G ve kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? FATHER'S NAME please attending 15. WAS DECEASED EVENIN US ARMED FORCES? 154 WEST NORTH HAGERSTONEY (Yes, no. or unkown) (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONJET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which After this certificate has been DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED prior detached for use 20a. ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, * 20f. [City or town] (County) (Stala) Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work 19 hespital) attended the deceased from fury 2 , and that death occured and and from the causes and on the date stated above. saw the deceased DATE ATTENDING DIRECTOR PHYS. PHYS. MD. FUNERAL 22c, PHYSICIAN'S 22d. ADDRESS 23d. LOCATION (City, fown or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10 ADDRESS REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL BIRECTOR'S SIGNATURE VR A15 (4) circling S. Flesca DATE JUL 5 15M 9/60

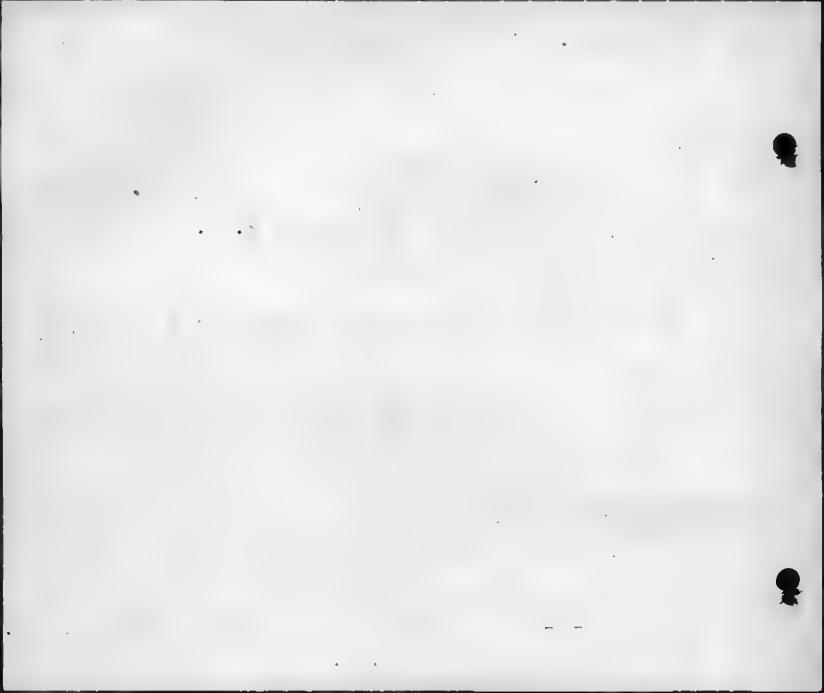


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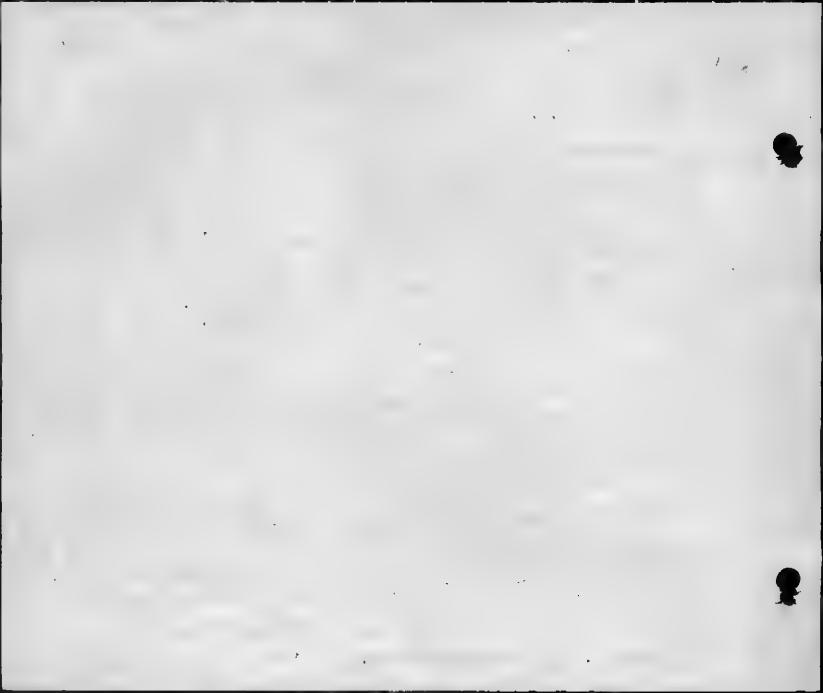
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

3300	CERTIFICATE OF DEATH	OSMOR
1. PLACE OF DEATH o. COUNTY WAShington Co	MARYLAND 2. USUAL RESIDENCE (Where de	eceased lived. If institution: Residence before admission) 6. COUNTY
PLIPAL and give peacest towal/	GTH OF STAY IN 1b c. CITY OR TOWN (If outside	corporate limits write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	1 / I TEGRESONES	(e. 15 RESIDENCE
William port Savitaria	-	ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Pet Shriver 4.00	DATE Month Day Year DEATH June 16 196/
Fernale White WIDOWED	NEVER MARRIED B DATE OF BIRTH DIVORCED March 19, 18	9. AGE M years IF UNDER 1 YEAR IF UNDER 24 HRS S 3 yes Manths Days Hours Min.
House Duties Ho	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or for	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Gas	hart Elizabeth	gorda.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) NON	- Min may Hod	Luck Falling Waters W. Va
18. CAUSE OF DEATH [Enter only one couse per line far (a PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Congostive Near	1 forline Interval BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO DUE TO (b) DUE TO	hewselves	Dys
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	@ Pyode	DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
OR CONTRIBUTING [] CAUSE OF DEATH	OW INJURY OCCURRED. (Enter nature of injury in Part I	or Part II af ifém 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY O. M. Hour a. m. 19 at work a	OCCURRED 20e. PLACE OF INJURY (Home, farm, 20) while wark	f (City ar tawn) (County) (State)
21 I certify that (1) (this haspital) attended the	11 -36	fram the causes and an the date stated abave.
22q SHONATORE MAN BYNK	M.D. ATTENDING MED DIRECTO	STAFF 22b DATE
22c. PHYSICIAN'S NAME (Type) M. E. Byr	Kit Willia	msport, MA
REMOVAL (Specify)		LOCATION (City, lown, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE AI	DDRESS 25a REC'D BY	
Howard N Brown Martin	sburg. W. Va. DATEUN 2	1 '61 Critius S. Kinesa



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Res dance before admission) a. COUNTY a_STATE b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town, L c. LENGTH OF STAY IN 16 Š With RURAL and a ve neerast town. Haberstown R. F. D ™ks Hagerstown .57 99 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? West Avalon Manor Irvin YES NO XIX completely 3. NAME OF 4. DATE Middie Last OF HOMARD (Typa or print) DEATH 1961 ERNEST SLAGEN June within carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | If UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months . Days Hours Lale WIDOWEKK D VORCED reby hysician 10a. USUAL OCCUPATION Giva x nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State of origin country) гетош 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) College Professor New Windsor Carroll Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease attending | Then please ■quims that the death Anna Bange Albert Slagen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO Then 17. INFORMANT Addrass removal, (Yes, pp, or unkown) | (Ifyes give war or detes of service) Lrs Mabel Kaylor Irvin Ave 309 physician. Hagerstown ..d. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 75 IMMEDIATE CAUSE (a) berial-fransit DUE TO been Conditions, of any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY certificate hospital PERFORMED? 8 0 NO X prior **H159** 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, IEnter nature of injury in Part I or Part II of tem 18.) etallhed for the After this é 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20a PLACE OF INJURY , Home, farm. 20% (City or town) (County) (State) Month, Day, Yeer DIRECTOR: After 3 should be detailed factory, streat, office bldg., atc.) Not While While Hour a.m. al work et work 19/2, to 1 4 ne 21, 19e (, that (1) (mo) last ..., and that death occured at 1.5...M, from the causes and on the date stated above.19. L saw the deceased alive on . Two na 22b. DATE 22e. SUSNATURE ATTENDING SIGNED MED PHYS. DIRECTOR PHY5. 22c. PHYSICIAN S FUNERAL 22d. ADDRESS NAME (TYPE) filed y (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23d. 23e. BURIAL, CREMATION, 1 23b. REMOVAL (Spacify) 0 \$ 2 Carmel Cemeterv Littlestown Buri Adans Co Pa 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Circling & Kraus DATE JUN 2 6 Andrew K. Cofinan Hagerstown Ld. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

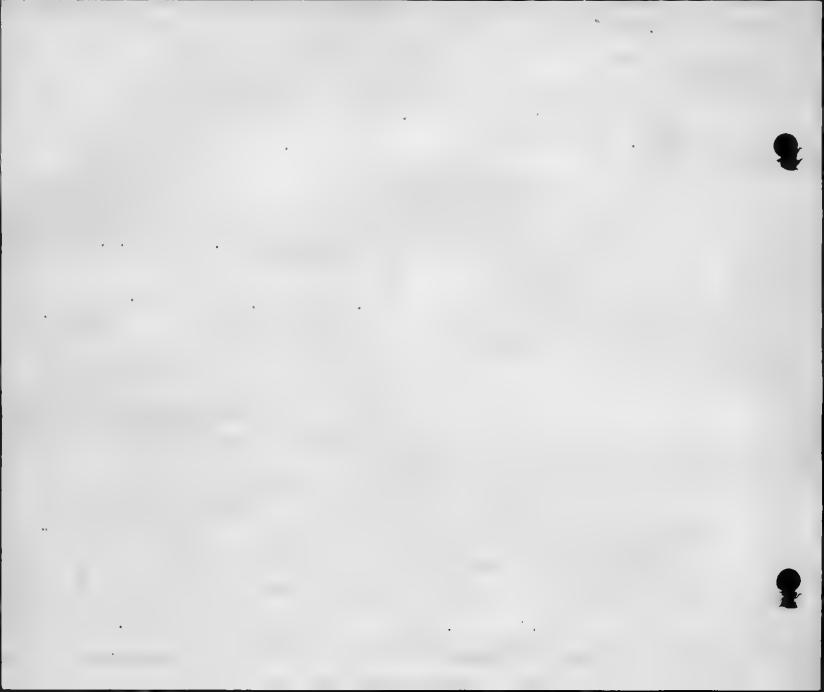


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION 07906

						- 5		
1	a. COUNTY			2. USUAL RESIDEN			sidanca before edi	nission)
}	- 7	hington	MARYLAND	e. STATE	land	b. COUNTY Wash	nington	
′ -		f outside corporete limits.	c. LENGTH OF STAY IN 16			mils, write RURAL and		
П		give neerest town)						
_	sharpsbu.		55 yrs.		psburg			
Т		AL OR INSTITUTION (if not in I	nospitai, giva straet address)	d. STREET ADDRESS			o. IS RESI	
	200 E. M	ain Street		1 200 E.	Main Str	eet	YES N	
3	NAME OF	First	Middle	Last	4. DATE	Month	Dey Yeer	
	DECERSED (Typa or print)	Aimee	Wilson	Smith	OF DEATH T	une	16 19	61
5	i, SEX	6. COLOR OR RACE 7, MAR		DATE OF BIRTH		(In years) IF UNDER 1 Y		
		7 70 0 .				orthdey) Months D	ays Hours	Min.
1	Female	White WIDON		June 23 19	105 55	Aug. TT S	3	
	Oa. USUAL OCCUPATI	ON (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	RY II. BIRTHPLACE (Cour	nty & State, or foreign	country) 12. CITIZ	EN OF WHAT CO	UNTRY?
	Housewi		Home	Sharpsbu	irg Md.	U.	S.A	
1.	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Vict	or Smith		Sara	ah Wilson	1		
1			6 SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(Yas, no or unkown) (If	yes give wer or dates of service)	TT	r. Grafton	V. Smith	1200 E. I	lain St	
	No	7		- Olai coii	A DELEGE	'Sharpsl	oure Md.	key
П		EATH (finter only one cause)	ir line for (e), (b), and (c),	9/20000	hani		CINSET AND DE	ATI
		MMEDIATE CAUSE (a)	1 voncom	10000	roses		malar	1/1
	4201	DUE TO	1/2	1-10	4 ./	1 1-	9.	
	Conditions, if any	, which) (b) /1/	2 COLONE	- WILL (R	rdu - Va	2CM ander	W-A 5 0	12.
	geve rise to immedia	ole cause					1	
	(e), stating the uncourse lest.							
,		CICHIEICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERM	NAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AU	TOPSY
CFETIFICATION	PARI II. OTHER	SIGNALCAM COMPILIONS	DINING TO DEATH BOT IN	OI KLEATED TO THE TERM	MAE DISEASE CONDI	HON GIVEN IN TAKE	PERFOR	MED?
1							YES N	o 🖸
111	2Ds. ACCIDENT WA	AS UNDERLYING 206. D	ESCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Part I or Part II of ter	n 18.}		
		MEDICAL EXAMINER						
MFDICAL	20c. TIME OF INJUI	RY Month, Day, Yeer 20		ACE OF INJURY (Home, fare		vn) (Coun	ity) (S	teta)
FD	Hour a.m.	Wi	nile Not While fac	tory, street, office bldg., etc	M			
13				Van	19 h	11/ 001	11	N
н	21. Certify th	nat (I) (this hospita l) atte	ended the deceased from	f	19) . / 10	/ /	اللہ that (l) (•
н	saw the decease	ed alive on 🗘		death occured at 7	.7%M/ from the	Kauses and on th		
	22a SIGNATURE	11 CV		ATTENDING 1	MED STA	AFF	/ 22b.	DATE SIGNED.
	HALAUN	w X. Xn	LENT		DIRECTOR PHA	(S. 🗌	65/8	-6.7
	22c. PHYSICIAN'S	11/2/1+22-	11 1 1 1	22d ASDRESS	1.1	ή. ή	77	0
	NAME (Type)	MYLLEY 1	7. DNGAY	- Tub	year	wa	VIA	
2	3a. BURIAL, CREMATIC	ON, 236. DATE THEREOF	123c. NAME ON CEMPTERY	OR CREMATORY	234. LOCATION	(City, town or county)	(State	e)
	REMOVAL (Specify)	T 30 /3			Sharpsh	ours Md.		
_	Burial	J,ne 19-61		emetery		25b. REGISTRAR'S SI	ICHATIBE	
2	4 FUNERAL, DIRECTOR	'S SIGNATURE	ADDRESS M	Na. [/]				
1	CREEK X	reof a all	amojeu grice	DATE	IN 2 D '61	arthur 8, 1	Times	
				()				



VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

, M		·	
	1. PLACE OF DEATH O COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence o. STATE b. COUNTY	before admission)
	b CITY OR TOWN (If autside carporate fimilis, write RURAL and give pagest town)	c. CITY OR TOWN Ut A side carparate limits, write RURAL and gi	ve nearest (\$\forall n)
	d. NAME OF HOSPITA (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	1910 Virginia HUE.	1910 Virginia Itre.	YES NO
	3. NAME OF DECEASED (Type or print) First Middle W.	Shuden DATE Manth	Day Yeor 196/
	S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED	1 2 1 3 4 4 7 5 3	YEAR IF UNDER 24 HRS
V	Male White WIDOWED DIVORCED	January 2, 1868 93 yrs.	
儿	10a. USUAL OCCUPATION (Give kind of work done during most of working) life, even if retired)	JSTRY 11. BIRTH ACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN DAME	C/3/4
	Tobe W Shudan	Boshows Ellen Zenthu	سؤو
ı	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. GCIAL SECURITY NO. 17.	MFORMANT Address A	9 10
	No None M	ro Jelie M. Schaffer Hosper	about Wid
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlu	sion	1 hr.
	DUE TO COMPONENT OF THE PARTY O	w 41 0000	Indefinite
1	Conditions, if any, which (b) Coronary artery	y disease	Times Illinoc
	couse (a), stating the under. lying cause lost. DUE TO (c) General arteri	osclerosis	Indefinite
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		1(o) 19. WAS AUTOPSY PERFORMED?
	3 Prostatic hypertrophy benign	<u> </u>	YES NO 2
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 While at wark at wark at wark	LACE OF INJURY (Home, form, carry, street, affice bldg., stc.) (City or tawn) (C	cunty) (Stole)
	21. 1 certify that (1) (this haspital) attended the deceased fram.		that (<u>I) (</u> we) last
	saw the deceased alive an May 19.61, and that a	death accurred atM, from the causes and an the	date stated above. 22b.DATE
	18 Mundy	M D PHYS MED STAFF PHYS	6/17/51 ED
	PHYSICIAN'S NAME (Type) B.B. Kneisley, M.D.	22d ADDRESS 148 West Washingt Hagerstown, Maryl	on Street
	230. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY CREMOVAL GOORTS. 6-19-1961 COSE H	or CREMATORY 23d. LOCATION (City, town, or county) ill Cemetery Happersown, Washing	table Md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 FEC'D BY REGISTRAR 25b. REGISTRAR S SO	
	Howld M. Jenneman, Deleverst	De 19 DATE JUN 20'61 Cultur &	King



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town) Hagerstown years Hagerstown .=~~ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Filled d. STREET ADDRESS 133 Summit Ave. Summit completely **Papers** NAME OF M.ddla DECEASED OF (Typa or print) DEATH ET.ATNE SOUTH June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRIM AGE (In years | IF UNDER 1 YEAR 5. SEX last birthday) and Months January 1/. Femal e WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratirad) Midland, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie E. Askie James Thomas ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (if yas giva war or datas of sarvica Mr. Frank P. South Hager stown. Maryland 18. CAUSE OF DEATH [Inter on y one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Myocarclical Fufaretien. IMEDIATE CAUSE (a) **DUE TO** Achamed arterior cluster heart gava rise to immediata cause DUE TO (a), stating the underlying THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED ; 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year factory, straet, office bldg., atc.) Not While Hour a.m. al work al work 1954 to June 14, 1961, that (1) () last1961..., and that death occured at 4.7. from the causes and on the date stated above. saw the deceased alive on ... May 22a. SIGNATU DIRECTOR PHYS. PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S West Washington St. director, be filled 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Spec fy) Rose Hill Cemetery 0 Cumberland. Burial 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE **ADDRESS**

Hage stown, Maryland JUN 16'61

Washington

a. IS RESIDENCE

YES NO Y

19 67

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO TO

> > (Stata)

22b. DATE

Maryland

Luncis

(County)

arthur S. Harra

U.S.A.

ON A FARM?

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURI

Rouzer Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY **b.** COUNTY washington ashington MARYLAND b. CITY OR TOWN (if outside corporete limits, C LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give negrest town) Hagerstown R Hagerstown d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Funkstown YES NO X Funkstown 3. NAME OF 4. DATE FIRE Middle DECEASED OF DEATH June FREDERICK (Type or print) Rev. SYRON 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5 SEX 9. AGE (In years LIF UNDER 1 YEAR ; F UNDER 24 HRS. lest birthday) Days Months. Hours Male WIDOWED DIVORCED 10b. KIND OF BUS.NESS OR INDUSTRY 11. BIRTHPLACE (County & State, or tore griffountry) 10a. USUAL OCCUPATION, Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) USA Wood Work Broadway Rockingham hachin**i**st 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lydia Holsinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give weror datas of service) Carroll Spitzer Hagerstown 1B. CAUSE OF DEATH [Enter only one cause per line for .e), (b), and (c).] INTERVAL BETWE IMMEDIATE CAUSE (e) Conditions, If eny, which gave rise to immediate ceuse **DUE TO** (a), stefing the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | or Part || of item 18.) (County) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) (Stata) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. at work at work p.m. 19.6 saw the deceased alive on.. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDDESS 22c. PHYSICIAN'S NAME TYPE otomac 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Hagerstown Rest Haven Cemetery B.SA Burtal

ADDRESS

Coffman Hagerstown Ld.

258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

Chilling S. Hines

DATE JUN 1 3 '61

₽ \$ 0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

funeral

by the and 2

Pages filled

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complete

physician

ase attending p

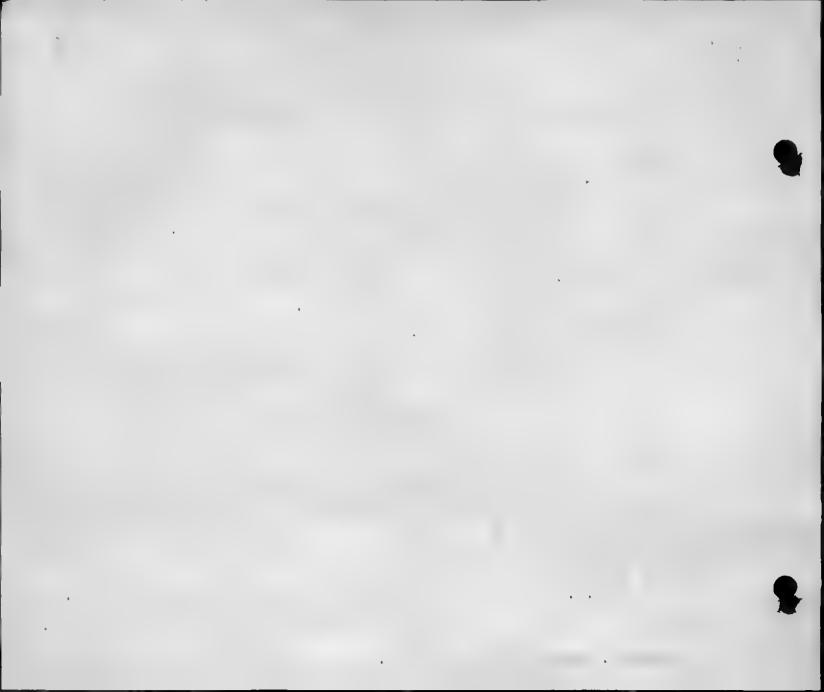
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the

After

DIRECTOR: þę

should

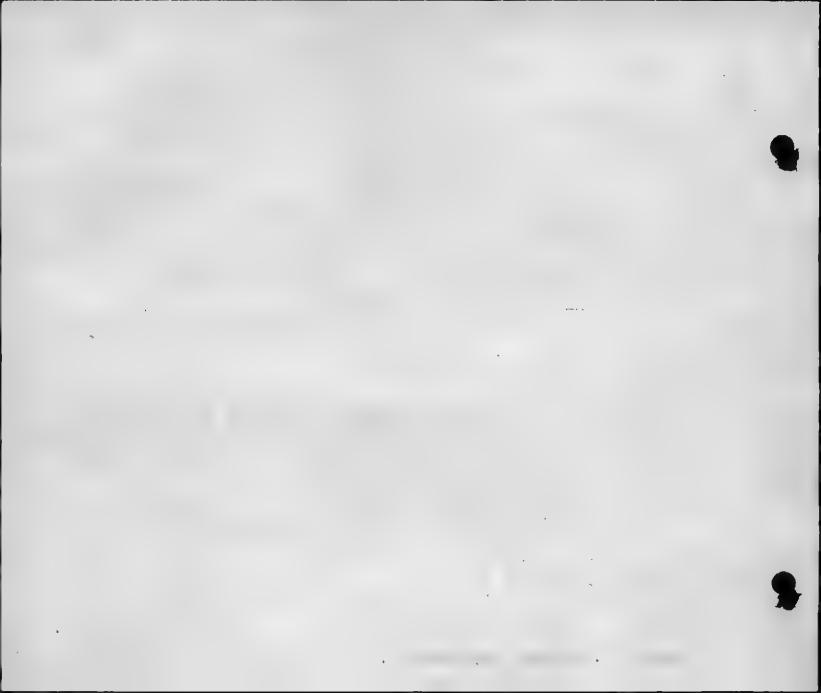


TO HOUR LOR ATTENDING PHILIDIAN: The law Equires that the death mertifical be exect. Thin 24 hours after death may be retained by the hospital or attending physician.

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MARYL	AND STATE DEPAR	IMENT OF MEAL	i M
DIVISION OF STATISTICAL RESEARCE	H AND RECORDS, 301	W. PRESTON STREET	, BALTIMORE 1, MARYLANT
7311	CERTIFICATE O	F DEATH	07300

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Vashington MARYLAND	b. COUNTY
b. CITY OR TOWN (if outs de corporete .im'ts, c. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town)	
Hagerstown 30 Yrs	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
173 Sunmit Ave	173 Sunmit Ave
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
(Type or puni) ELSIE MAY STARL	
	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
1971 - 10 (1975) A 6 .	March 15 1886 75 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR INDUSTI	
done during most of working life, even if retired) Housework Own Home	Little Cove Penna USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
"illiam Starliper	malinda Cousins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17.	
(Yes, no, or unkown) (If yes give were release fservice)	ank Carty Hagerstown ld. R # 3
18. CAUSE OF DEATH [Enter only one couse per line for (a), [b,, and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMED. ATE CAUSE (a) CHOWIC SCUMUL	THEAT RUDEUM WOUND 3 477 +
(), () DUE TO The	
Conditions, if any, which \ (b)	Ulur
geve rise to immediata ceusa	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER'S GNINCANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED.
[3]	YES NO
PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO 2Do. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Peri I or Peri II of item 18.)
0	ACE OF INJURY (Home, ferm, 201, (C.ty or town) (County) (Slata) tory, street, office bldg., etc.)
Hour e.m. White Not White fac	A A A A A A A A A A A A A A A A A A A
21. I certify that (I) (this hopping) attended the deceased from.	1956, to June 30 , 196, that (1) (we) last
	The state of the s
	Videath occured as JULY from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF STAFF
	A.D. PHYS. DIRECTOR PHYS. 30 44 4/
22c. PHYSICIAN'S A A TANA	22 200 Polyment
1 A Ameny	123611 4 1 W/144 11
230. BURIAL, CREMATION, 236 DATE THEREOF 73c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, fown or county) (Stete)
	TT TIT
	TT TIT
Burial 17/2/61 Rest Haven	Cemetery Hugerstown Wash Co Ld.



110

MARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whata dacaasad livad, If institution: Rasidence before admission) a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outside corporate limits, MASHIN GTON MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) HAGERSTOWN OHOURS MIFYOLA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CONSIBORD A. DATE YES NO S NAME OF Last M ddla Yaar DECEASED (Type or print) STOUFFER DEATH - 19 G/ JUNE 6. COLOR OR RACE | 7. MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR. IF UNDER 24 HRS. last birthday) Months | Days Hours WIDOWED -DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. ERTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) APPRAISER ESTATE MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER INS. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT SARAH JANE (Yas, no, or unkown) | (Ifyesgivewarordatasofservice) KEGISTER OF HARRY NEWCOMER IB. CAUSE OF DEATH | Enter only one cause per line for (e), (b), and (c). HAGERSTOWN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gastrii ulcer DUE TO Conditions, if any, which (b) gava risa lo immadiata causa **DUE TO** (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Benjon mastate attences cleran TY-NO F 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of Ham 18.)
OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, offica bldg., atc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from the S. S. 1955, to June // 196/ that (1) (we) last 11......19.61, and that death occured at the firm, from the causes and on the date stated above saw the deceased alive on June 22a. SIGNATURE 22b. DATE

ATTENDING

22d. ADDRESS

PHYS.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

001VIS130120

STAFF

23d. LOCATION (C'ty, town or county)

William S. France

ENVETIENY INRIMIAPLEVILLE WASHICOMIN. 25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

PHYS.

DIRECTOR

DATE JUN 1 6 '61

217 West Washington St.

(Stata)

SIGNED

within 72 carbon and Гетоме Then please r ig physician. Figned by the ee certificate h≣s ruse as the bu 50 After this ce DIRECTOR A TO FULLERAL I
director, page 3
be filed with the 15M 9/60

funeral

by the I and 2 s death.

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Pages 1

papars. complete

hours after

VR AIII (4)

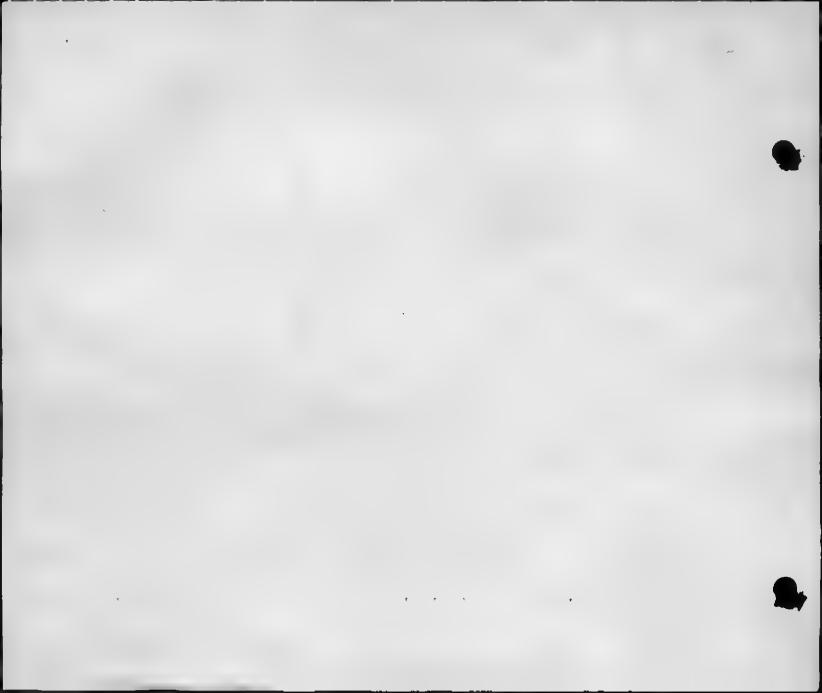
22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

Ditto



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE BEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I'ved, if institution, Residence before admission) director, Pay, our files, e. COUNTY Washington b. COUNTY Washington MERVIEND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Hagerstown month Sharpsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Western Md. State Hospital 220 W. Chapel YES NO A 3. NAME OF 4 DATE DECEASED the Sarah (Type or print) Swain DEBTH June 1.0 19 6] pe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | 2 with 2, and 5 may nd 2 will hours a last birthday) Months] Hours Female WIDOWED IX DIVORCED [Oct. 10a USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUS.NESS OR INDUSTRY | 11. B.RTHPLACE [State or foreign country] 12. C.TIZEN OF WHAT COUNTRY? M3. Pages 1, 2, M3. Page 5 pages 1 and within 72 I done during most of working life, even if relired) Home Housewi fe U.S.A P.M.3. Pa Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give William Showe Amelia No Cov Ei ei 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we ror detes afservice) Brs. Autum L. Kaiss Hagerstown Md. IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Office along w buriel-transit p INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Cardiac Decom nsation Due To Ameral enunt. r's Office as buriel-ti pur o sclerosis, Severe Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying 95 늉 Fracture Of Pelvis (2-5-61) 4 months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY cute the certificate, writing the word "E of forwarded to the Chief Medical Exa AL DIRECTOR: Page 3 should be us nated agent, pirior, to burial, cremation CERTIFICATION PERFORMED? YES NO F Patient confused climbed over side rails of bed falling to floor.

20s. EXTERNAL CAUSE WAS 20s. DESCRIBE HOW INJURY OCCURED. (Enter nerure of injury in Pert | or Pert I. of item 18.) PRIMARY | or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. Patient fell from hospital hed. 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (State) factory, street, office b.dg., etc.) Not While et work st work Hazerstown. Washington. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection X, Inquiry 1 and in my opinion death resulted from: Natural causes XI Accident . Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY TO DE 22d. LOCATION (City, town, of country) REMOVAL (Specify) 4 O Mt. View Cemetery Sharpsburg Md. 귭 Burial June 12-61 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATEUIN 1 3 161



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

OMBOA

1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
O. COUNTY MARYLAND STATE & COUNTY
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give hearest town)
RURAL and give neotest town)
Itagerstown 2 Wks. 1 De Ruca 2 Williamsport
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENC ON A FARM
A bank () \dagger \text{ver \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\eta}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tin}\text{\text{\text{\text{\text{\texi}\tin}\tint{\text{\tin}\tint{\text{\texi}}\\ \text{\text{\text{\text{\text{\ti
DECEASED A. DATE Month Day Year OF
(Type or print) Luewille Ihomas DEATH 6 30 196
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
WIDOWED DIVORCED 0 7/31/1886 174 yrs. Manths Days Haurs Mir
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
during most of warking life, even if retired)
Housewite 12ge Co. Virginia U.S.T.
3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 1
Jamas R Dean
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(if yes, give wer or dates of service)
No 1 None 115, Julyester H. Turtode Williamsport
1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) - / I Way DC ON OF GA 3 Ked ON TOTA SALES
420 DUE TO
Canditions, if any, which (b) (b)
cause (a), stating the under.
lying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP
PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED? YES NO OR CONTRIBUTIONS CONTRIBUTI
OR CONTRIBUTING CAUSE OF DEATH
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Haur a. m While Naturalle of work o
Haur a. m While Not while tactary, street, whice bldg. etc.) P. m. 19 at work at Argik
21. I certify that (I) (this hospital) attended the deceased from
sow the deceased alive on 2 1/19/ and that death accurred by M. from the dayses old on the date stated about
22b DATE
ATTENDING MED STAFF S GN
M.D. PHYS DIRECTOR PHYS
M.D. PHYS DIRECTOR PHYS L
M.D. PHYS DIRECTOR PHYS
22c PHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS
22c PHYSICIAN'S NAME (Type) 23d BURIAL CREMATON, 23b. DATE/HIREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State)
M.D. PHYS DIRECTOR PHYS L 22c PHYSICIAN'S NAME (Type) 23d BURIAL CREMATION, 23b. DATE/HUREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State)
23a BURIAL CREMATION, 23b. DATE/HIRROF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State) REMOVAL (Specify) 23b. DATE/HIRROF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State) REMOVAL (Specify) 23b. DATE/HIRROF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State)
22c PHYSICIAN'S NAME (Type) 23d BURIAL CREMATION, 23b. DATE HIREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county)

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten ling lasticon and sampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Baard of Health prior to burial, cremation, or remayal, and in any event, within 72 hours offer death. rs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ned by the hasp tol ar attending physicion. may be TO HOS

VR A15 (4) 1SM 9/59



VR A1S (4) 1SM 9/59

67305

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Town) X = Z IS RESIDENCE YES NO Day Year UNE 196/ IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stole) /SIGNED western maryland state thespital

_(Stote)



P7	0	4	Pfe
2	J	i	6

CERTIFICATE OF DEATH

07306

_	2016				Reg. D	Dist. No. VOOO
	PLACE OF DEATH		2. USUAL RESIDENCE (Wh			ence before admission)
	Washington	MARYLAND	Maryl Maryl	and	. county Wa	ish.
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lin		
	Hagerstown		Hagers	town	F	A
	d NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e, IS RESIDENCE ON A FARM?
	Washington Count	y Hospital	Hamilton Hot	el - W.W	ash. St.	YES NO X
	NAME OF DECEASED (Type or print) 1716et 1	Vesley 1	arrenaelTz	4. DATE OF DEATH	Month June	Day Yeor 3 19 61
5.	SEX 6. COLOR OR RACE 7. MARR	IED 🔲 NEVER MARRIED 🔀	8. DATE OF BIRTH	lost	E (In years IF UNDE	R 1 YEAR IF UNDER 24 HR
	Male White WIDOWE	D DIVORCED	Jan. 1, 188	3	78 yrs. Months	Doys Hours Min.
10a	USUA: OCCUPATION (Give kind of work dane 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign country)	12. CI	TIZEN OF WHAT COUNTR
I	aborer Retired Day	y laborer (fa	rm) Frederi	ck County	y Md. L	J.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		-
	Solue Warren:	feltz	Clara Pa	lmer		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.		NFORMANT	8	336 Addingi	lnia Ave.
	no 2	14-34-9346 M	irs.Dora Abd	ullah,	Hagersto	own Md
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Arteriosclerot	ic Heart Dise	ase		6 yrs.
	420.0 DUE TO					
		Nephro-scleros	is Arteriolar	right		l yr.
	gove rise to immediate DUE TO					
		Non-functionin	g left Kidney			3
CERTIFICATION	PART 11 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO
	20g ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	ort 1 or Port II of i	fem 18.}	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d IN Hour o. m 19 White at world	Not while for	ACE OF INJURY (Hame, form street, office b dg., etc	, 20F (City or tav	vn)	(County) (Stat
	21. I certify that oftended the decease	ed from 6/17/59	. 19 to	June 3rd	1967 .that I	last sow the deceose
	glive on June 3rd. //196	and that deoth	occurred at 2:45			
	10 (//6///			ADDRESS (Street, c		DATE SIGNI
	ACTUAL SIGNATURE SIGNATURE	mars/	M.D. 159 W.	Washi note	on St.,	6/3/61
						
	PHYSICIAN'S Philip J. Hirsh	man, M.D.	nagerst	own, Marj	/Land	
220	BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town or county) (State)
	Burial June 6,1961	St. John	s Luth. 1	[versvi]	le. Fred	L.Co.Md.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR	24b. REGISTRAR'S S	
	Paul R. Bittle	e. Myersvill	e Md DATE JU	IN 6 '61	inthun .	d. /www

may be already the haspital ar ottending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the filled in by the funeral director.

The page 3 shauld be detached for use as the buriot-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remavar, and in any event within 72 hours after death.



s after death. Page 4

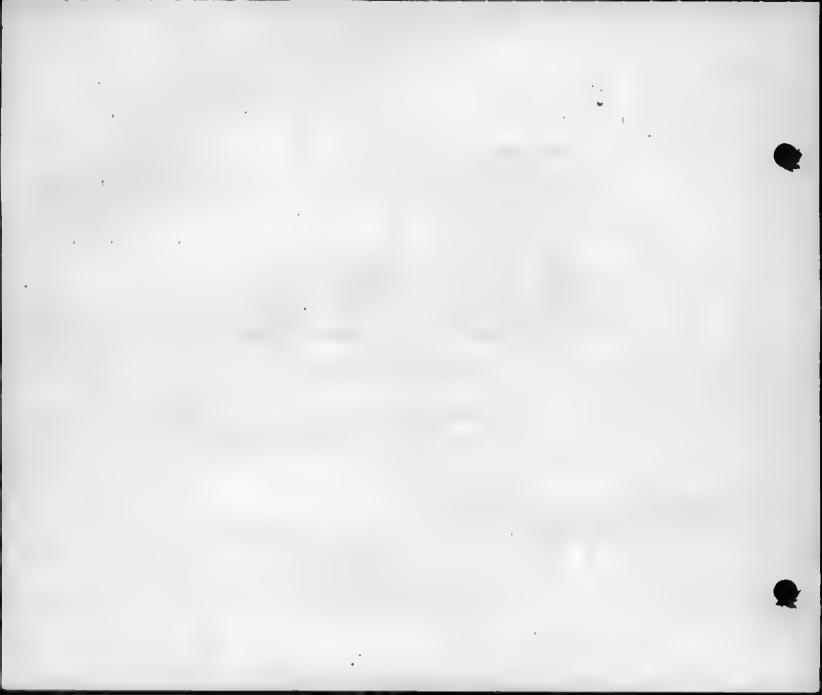
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH					2, USUAL R	ESIDENCE (V	Vhere deceases	d lived. If institu		e befare	e admession)
	WASHT	NGTON		MAR	YLAND		YLAND		D. CODI41	WASH	ING	TON
	b CITY OR TOWN (If RURAL and give ne	autside carporate limi	ts, write	c. LENGTH OF STAT	A IN 1P	c. CITY C	R TOWN (If	outside corpo	rate limits, write	RURAL and gi	ve near	est tawn)
R			ING	LIFE		RUR	AL 2.	CLEAT	R SPRIN	G. MD		
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street i	address)		d STREE	T ADDRESS				e	IS RESIDENCE ON A FARM?
	HEST DE	NCE					ONE					YES NO
3.	NAME OF	Fir	st	Middl	e		Last	4. DATE	Mo	n#s	Day	Year
	DECEASED (Type or print)	BESSIE	-	CLIZEBETT	-Ī	WEAVER	}	DEATH	JUNE		7.	1967
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔀 NEVER MARK	IED 🔲	B. DATE OF B			9. AGE (in years last birthday)	IF UNDER 1		F UNDER 24 HRS
H	EMALE	WHITE	WIDOWE	DIVORC	ED 🔲	HINE	20 1	240	SU Au		Days	Haurs Min.
-	USUAL OCCUPATIO	N (Give kind of work o	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRT	- Carlot - Annual -			12.CITIZ	EN OF	WHAT COUNTRY?
ı	HOUSE WI	ing life, even if retired		HOME DUT	EE3	WAS	SHING	TON CO	o. ID.	U	.S.	A.
13.	FATHER'S NAME					14 MOTHE	R'S MAIDEN	NAME				
	BERKLEY	BOHBER				मा.	ZEBE'	TH MAR	የጥፒክና			
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. II	NFORMANT	- 6-4 1-1 1-1 1-1 1-1 1-1	711 1.113T		dress		
(1	NO unknows) (If yes, give wor or doller of a NONE	HV Ce)	NONE		HARRY	C. W	EAVER	RD.	2. CL	EAR	SPRING
-		TH [Enter anly one ca	use per lir	ne for (a), (b), and (c	1.1					2	INTER	VAL BETWEEN
	1	TH WAS CAUSED BY-	MY	OCARDIAL I	NFARC	TION DU	E TO C	ORONAR	Y ARTERY	OCCLUS	18NSE	* 100 Minute
	IMMEDIATE CAUSE (a) Up TO											
	ADTEDIOCCIEDOPI CHEADT DISEASE								ınknown			
	gave rise to in	nmediate (/	. DIQUO ODDINO 2	-	DIII(1 1510	21102					
	couse (q), sraing the under-											
ž		ER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TER/	MINAL DISEAS	E CONDITION G	IVEN IN PART	1(a):19	WAS AUTOPSY
ATIC				Non								PERFORMED?
EI.	20g. ACCIDENT WA	S UNDERLYING TI	20b. DESC	CRIBE HOW INJURY		D (Enter natu	e of injury is	n Part I or Par	t II of item 18)			
L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				,						
MEDICAL		Manth, Day, Yes		NJURY OCCURRED		ACE OF INJUI			r ar tawn)	(C	aunty)	(State)
MEC	Haur a, m, p. m,	19	While at warl	Nat while			sieg., c					
	21 I certify tho	(I) (this haspital) attend	led the deceases	from	January	7 . 1	9 60, to	June 7	1961	the	at (i) (we) lost
		ed alive on June										stated obove.
	22a. SIGNATURE	1 0	1 -	1		ATTENI	MNG	MED	CTAEE			22b. DATE
	Llu	his you	Dev	Men				MED DIRECTOR				06/64761
	22c. P/YSICIAN'S NAME (Type)	Archie Rol	bert Co	ohen, M.D.		22d AD	Clear Sp	pring, M	aryland			
230	BURIAL, CREMATIO	N. 236 DATE THEREC	F	23c NAME OF CE	METERY C	R CREMATOR	7	23d. LOCA	TION (City, town	, ar caunty)		(State)
	REMOVAL (Specify)	JUNE 9.	1961	L ROSE H	ILL	CE.AETI	ERY	31,3	an SPRI	113. 4).	
24	FUNERAL DIRECTOR	SIGNATURE		ADDRESS				C'D BY REGIS	. ,	SISTRAR'S SIG	NATUR	E
`	TO TON T	· Crark	- ATI	TAR SPRIT	ur <u>.</u>	MD.	DATE	nest 1.2	161	Calley &	: the	MA.



MARYLAND STATE DEPARTMENT OF HEALTH

MINICIENTE	JIMIL DE	WILLIAM TO A	· OI IIL	76111
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE	1, MARYLAND
CE	DTIFICATE	OF DEA	LTLI	

4		maid CERTIFICATE OF DEATH	308
)	1. F	1. PLACE OF DEATH a. COUNTY Weaking ton MARYLAND 2. USUAL RESIDENCE (Where deceased lived I firstitution Residence before STATE Many Learner because I firstitution Residence before STATE Many Learner between the country of the coun	ore admission)
	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat fown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give recreated form)	earest town
		or DAMPOF HOSPITAL (If not in haspital, give street address) OR DATITUTION Western Maryland Hosp. 240%. Centre St.	e. IS RESIDENCE ON A FARM? YES NO
	1	3. NAME OF DECEASED (Type or print) A DATE Manth OF DECEASED (Type or print) Middle Last 4. DATE Manth OF DEATH JUNE 18	Pay Year 19 <i>6</i> /
	5. 5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Finals WIDOWED DIVORCED Mar. 24, 1895 8 Gyrs Manths Days	Hours Min
	100	Oo USUA. OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) Adviring most of working life, even retired) Adviring most of working life, even retired) Adviring most of working life, even retired)	S. A.
		Bichard Hendley Elizabeth Roich.	
		15 WAS DECEASED EVER HOU. S. ARMED FORCES? (Yes, no) of unknown) (If yes, give wor or dates of service) (Yes, no) of unknown) (If yes, give wor or dates of service) (Hes, no) of unknown) (If yes, give wor or dates of service) (If yes, give wor or dates	to ma
		IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULMR PNEUMOINIA	TERVAL BETWEEN NSET AND DEATH 6-13945
		Canditions, if ony, which gove rise to immediate (b) CARCINOMATOSIS	INKNOWN
	7	cause (a), stating the under- tying cause last (c) CARCINOMA OF LEFT BRENST [c]	2 O MONTHS
	CATION		PERFORMED?
	L CERTIF		
	MEDICAL		y) (State)
		21 1 certify that (1) (this hospital) attended the deceased from 3 - 13 - 1961, to 6 - 18 - 1961, saw the deceased alive an 6 - 18 - 1961, and that death accurred at 25 M, from the causes and an the data	
1		ATTENDING MED. STAFF DIRECTOR	22b DATE SIGNED
•		22c PHYSICIANS NAME (Type) F.1. TON+O LL. PALLABROSI 1500 PENNA BUE HAGERS.	TOWN MA
	230	230 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county)	M. Q.
	24	24 FUNERAL DIRECTOR'S SIGNATURE, ADDRESS ADDRESS DATE JUN 21 '61 CALLIN 8 #	



7320

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07309

71	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (WAS STATE MARVI.	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
Ī	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAGERSTOWN	ength of stay in 16	c. CITY OR TOWN (IF a	utside carporate limits, write R	URAL and give nearest lawn)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION WASHINGTON COUNTY HOSPI	255}	d. STREET ADDRESS 1770 GILBI	ERT AVE.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) MARGARET	Middle Y	Last EATES	4. DATE Man OF DEATH JUNE	/
	S. SEX FEMALE 6. COLOR OR RACE 7. MARRIED C	NEVER MARRIED	8. DATE OF BIRTH 3/2/1898	9. AGE (In years last birthday) 63 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME	OF BUSINESS OR INDU	PENNSYI 14. MOTHER'S MAIDEN N	VANIA	U.S.
	WILLIAM CLAPSADDLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. (Yos, no. 4)(4)(hown) [II] yes, give wor or doing of levrice)	AL SECURITY NO. 17. II		RIDER	HAGERSTOWN MD.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last. Co		CARRIO-VI		AFE 9 y SAM
	CATK		D. (Enter nature of injury in F		PERFORMED?
2	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Haur a.m. While	Y OCCURRED 20e. PL Nat white at wark	ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.	20f. (City ar tawn)	(Caunty) (Stat
	21. I certify that (1) (this haspital) attended to saw the deceased alive an JUN 2 5 220. SIGNATURE 120. PHYSICIAN'S NAME (Type) P. Land (3444)	19.61, and that a	death occurred at # 57		1961, that (1) (we) land an the date stated above 22b.DATE 6 6 6
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c BURIAL, Specify) 6/8/6]	REST HAVE	EN-GEM.	23d. SCATION (City, town, HAGERSTOW) D BY REGISTRAR 25b. REGISTRAR	or caunty) (State) N MD STRAR'S SIGNATURE
1	1117 Margaret Ha	exist las	DATE J	151 (1)	Lithua S. Kraus

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be need by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

s ofter death. Page 4

the attending physicion and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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773		1041		CERTIFICA	ATE O	F DEATH			0.8	310
	(PLACE OF DEATH I. COUNTY Washington		MARYLAND	a. STA	rvland		b. COUNTY Washin	oton	
	_	c. CITY OR TOWN (If autside carporal RURAL and give nearest town)		c. LENGTH OF STAY IN 16		TY OR TOWN (If au		mits, write RURA	Pand give nea	rest fown)
		ural-Downsville		4 years		ral-Dowr	isville			
4		d. NAME OF HOSPITAL (If not in hosp or institution oburn Manor Boa				REET ADDRESS Liamspor	क्ष प्रस्त	#2 /		ON A FARM?
-	3. [NAME OF DECEASED Type or print) Willi	First	Middle Henry	Young	Last	4. DATE OF DEATH	Manth	Doy	Year
	5. 9			RIED NEVER MARRIED	B. DATE O			June	2	1961
		Male White	WIDOW	ED DIVORCED	Apr	11 30,18	368	93 yrs.	I Days	Haurs Min.
	10a	USUAL OCCUPATION (Give kind of	vark dane 10b	KIND OF BUSINESS OR IND	USTRY 11. B	BIRTHPLACE (State a	r fareign country		12. CITIZEN OF	WHAT COUNTRY?
		USUAL OCCUPATION (Give kind of during most of working life, even if research).	illed)	Cemetery	T	Washingt	on Cou	nty	USA	
		FATHER'S NAME				THER'S MAIDEN NA		. y y		
	8	Jeremiah Young			Man	ry Eliza	beth I	homas		
-	is.	WAS DECEASED EVER IN U. S. ARMED		. SOCIAL SECURITY NO. 17.	INFORMAN			Address		
	Tits	NO. or unknown] (If yes, give wor or do	es of service)	None. V	111118	am T. Yo	MALLEY C	723 Vii agerst	rginia	
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) (c) (c) (c) (c) (c) (d)	CONTRIBUTING TO DEATH BI	JT NOT RELA	TED TO THE TERMIN	AAL DISEASE COL	NDITION GIVEN	IN PART I(a) II). WAS AUTOPSY
	CAT									PERFORMED? YES NO
1	CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI	ATH (ER)	SCRIBE HOW INJURY OCCURI	CED. (Enter no	ature or injury in re	arr I ar Part II ar	Hem Io-1		
	MEDICAL	20c. TIME OF INJURY Manth, Day Haur a.m. p. m.	While			JURY (Hame, farm, t office bldg., etc.)	20f. (City or to	(wn)	(Caunty)	(State)
		21. I certify that (I) (this hos saw the deceased alive on	oital) atten	11	degith oct	turred by	M, from the	causes and c		at (1) (we) lost stated above.
		22c. PHYSICIAN'S NAME (Type)	1	very		ENDING MET S. DIR ADDRESS		AFF.	//3	22b, DATE SIGNED
	23a	Burnal, CREMATION 236. DATE TO	5,196	1 Manor Cemetery		ORY		(City, town, or co		(State) Md.
)	24.	EUNERAL DIRECTOR'S SIGNATURE	712	ADDRESS 4		2Sa. REC'D	BY REGISTRAR	25b, REGISTRA	R'S SIGNATUR	E

25a. REC'D BY REGISTRAR DATE UN 6

256, REGISTRAR'S SIGNATURE Chilling S. Kraus

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ţ 1 (A TOTAL PROPERTY OF THE PARTY.